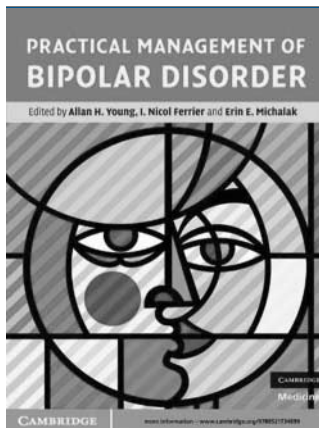


mental health professional. Although the book is not difficult to leaf through, the reader with little more than a scientific background may find it difficult to understand, accept, or come to terms with certain concepts. As the German satirist Georg Lichtenberg tells us, 'A book is like a mirror: if an ape looks into it an apostle is hardly likely to look out . . . he who understands the wise is wise already.'

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Practical Management of Bipolar Disorder

Edited by Allan H. Young, I. Nicol Ferrier & Erin E. Michalak
Cambridge University Press. 2010.
£35.00 (pb). 226pp.
ISBN: 9780521734899

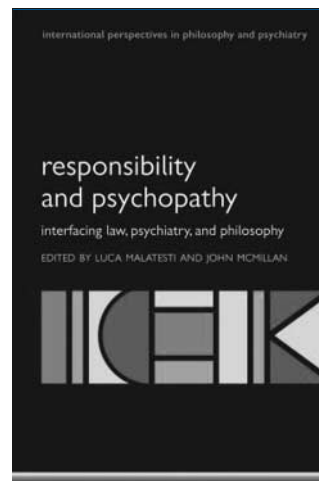
The book provides a broad guide to the current practical management of bipolar disorder, doing what it says on the tin. It clearly lays out available management for the different subgroups of the illness including bipolar I and bipolar II depression. It also highlights the reality of the lack of available evidence for certain aspects, such as bipolar II disorder.

There is plenty of meat looking at psychotropic and psychosocial treatments and a useful and interesting strategy of 'personal medicine', to enhance medication adherence and quality of life. There are treatment algorithms for both bipolar mania and bipolar depression developed from the Canadian Network for Mood and Anxiety Treatments (CANMAT), which provides an alternative to the current UK National Institute for Health and Clinical Excellence guidelines. The two documents have differing second- and third-line strategies but appear to be similar in principle. Some more detail on switching medication may be a useful addition, as multiple psychotropics are common in bipolar illness.

Generally, the sections are well laid out and there are full chapters on particular groups including older adults, adolescents and women of reproductive age; however, clearer information on medication in pregnancy and breastfeeding can be found in the Maudsley prescribing guidelines. Individual aspects that are covered in depth include physical health, anxiety, substance misuse and sleep. There are specific strategies for the management of sleep as it is both a marker of relapse and has been implicated in the aetiology and course of bipolar disorder. Overall, this is a useful complementary text for an illness which is complex to both diagnose and manage.

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Responsibility and Psychopathy: Interfacing Law, Psychiatry and Philosophy

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Oxford University Press,
International Perspectives
in Philosophy and Psychiatry
series. 2010.
£34.95 (pb). 340pp.
ISBN: 9780199551637

If psychopaths did not exist, philosophers would have invented them. This book explores the moral questions raised by the existence of individuals whose moral emotions seem to be reduced or absent. The authors start from the premise that, long before the work of Robert Cleckley and Hervey Hare, philosophers interested in moral judgement have experimented with the idea of a person with no feelings and no empathy for others. What sort of moral judgements would they make? Would they be 'moral' at all? And if a person did exist who was persistently and incorrigibly cruel, how should we (the society affected by these people) respond to them morally?

Both philosophers and psychopathy researchers have attempted to answer these questions; and this rich book is a compilation of their answers. The book combines together essays from lawyers, psychologists and philosophers; Luca Malatesti and John McMillan have an established track record in making these collaborations fruitful, and the contributions in this book are clear and lucid. I particularly recommend the chapters by Robert Hare and colleagues, and one by Antony Duff who offers a welcome follow-up to a previously influential paper published in 1977.

I recommend this book for anyone who has an interest in the effect of mental disorders, especially personality disorders, on moral reasoning. It offers an interesting consensus view about the moral responsibility of psychopaths; namely, that because (Hare) psychopaths have emotional reasoning deficits, they should not be held responsible for their actions, and should therefore not be punished. I have no quarrel with this conclusion particularly; but I thought the argument would have been stronger if there had been more human material from those people called 'psychopaths'. There is an irony here that if we treat them as pure objects of study, and not as people with voices (albeit disturbing ones), then we become, as it were, psychopathic. It was the depth and thickness of Cleckley's clinical descriptions that stimulated the research into psychopathy that is the basis for this book; and I missed such descriptions in this work.

There is another point that needed more emphasis. Neither the word 'evil' nor 'violence' appears in the index of Cleckley's original work on psychopathy. It is Robert Hare and his group who have identified a subgroup of violent offenders who are persistently cruel and violent, and who better fit the stereotype of psychopathy beloved of philosophy and movie-goers alike. The people we think of as 'Hare' psychopaths are a minority of violent offenders, let alone criminals: not all violent criminals are psychopaths, and hardly any non-violent criminals. None of the men at the Wannsee conference in 1941 who planned the Final Solution would score highly on Hare's Psychopathy Checklist. We