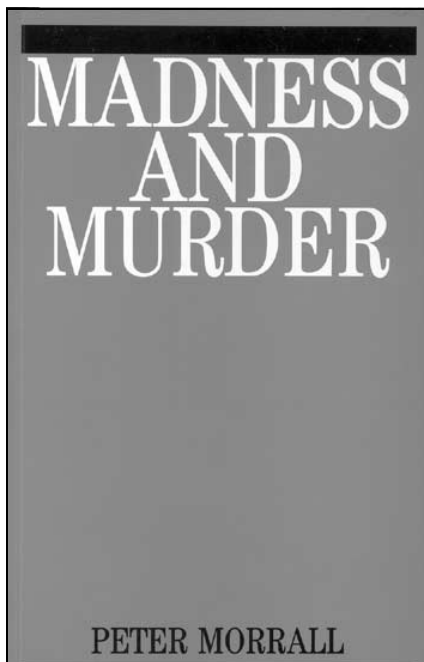


## Book reviews

EDITED BY SIDNEY CROWN and ALAN LEE

### Madness and Murder

By Peter Morrall. London: Whurr. 2000.  
228 pp. £20.00 (pb). ISBN 1 86156 164 4



Peter Morrall, a senior lecturer in health and sociology, claims to have written “a polemic against the unified voice of conservatism and progressive viewpoints within the mental health industry” concerning homicides by people with mental illness. To support this claim Morrall offers us the following propositions: mental illness is a real entity; patients are at greater risk of committing suicide than homicide; the repercussions of psychiatric homicides are profound; killings are not caused by labelling theory or by moral panic; and both patients and public need protection. Few readers will find anything polemical in any of that.

*Madness and Murder* is a book of disconnected parts that fails to deliver the polemic the author promises. Chapters on mental illness, deviance, crime and homicide have the feel of an undergraduate text. The long-running debate between individualist and societal theories of crime is given

an airing, while Dadd, M’Naghten, Foucault and Szasz duly make appearances. But how all this affects today’s psychiatric homicides is not easy to see.

Morrall reserves the final chapter (entitled ‘The terror’) for his main point. He claims that psychiatrists caused the media panic about psychiatric homicides in the 1990s by their defensive attitude. He studied newspaper reports – he calls them a “catalogue of killings” – between 1994 and 1999. In 13 pages he lists 94 killings, not all of them in the UK, and a further 27 near-killings. Morrall acknowledges that newspaper reporting of these cases is “sloppy, careless and injudicious”, but he emphasises their frequent allusion to current or previous contact by the perpetrator with mental health services. He concludes that it is because psychiatrists interpret this “reporting of their professional gaffs as media orchestrated panics” that the panic took hold. And that claim is the nearest we get to a polemic.

It seems to me that Morrall has missed an opportunity. Psychiatry must articulate the role it and other agencies have in the prevention of psychiatric homicides. I had hoped Morrall would offer some suggestions on what the profession (or, if he prefers, ‘the industry’) should do. Is further restriction of those with mental illness feasible? Is it justified? Will it be effective in reducing risk? On these questions Morrall’s polemic is deafeningly silent.

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### Forensic Psychiatry, Race and Culture

By Suman Fernando, David Ndegwa & Melba Wilson. London: Routledge. 1998. 286 pp.  
£16.99 (pb). ISBN 0 415 15322 0

This fascinating book addresses important issues relating to forensic mental health,

race and culture, and attempts to give a clearer understanding of crucial nomenclature. Differences among so-called racial groups based on genetic variations are dismissed as groundless. The authors point out that genetic differences between Caucasians in Europe, or between different tribes of Africa, are of a similar order to those between racial groups as distinguished today. A very good review of European thinking on issues of race, intelligence and emotions clearly demonstrates the lack of understanding of other cultures by some earlier European thinkers and writers, who viewed non-European cultures through European values and perspectives. However, the book largely concentrates on these negative views, and does not acknowledge how some of these naïve approaches have changed over the years, as understanding has increased.

The authors reject the existence of schizophrenia on the basis of questionable validity. Intriguingly, no alternative explanation is given for the collection of clinical features that we currently fit under the rubric of schizophrenia, which are described by patients irrespective of cultural background. Diagnoses have sometimes been made inappropriately by psychiatrists whose culture differs from their patient’s, but an abuse or misuse of a tool does not necessarily make the tool itself bad. The authors argue that psychiatry continues to practise in a racist fashion in a multicultural society, but they fail to acknowledge the greater efforts now made to take into consideration the multicultural nature of psychiatric practice in the UK. The widening spectrum of ethnicity among practising psychiatrists has also led to an inevitable increase in the cognisance that is taken of cultural differences.

The disadvantages faced by mentally disordered offenders in both the criminal justice system and the health service are well reviewed. These are far greater for those who are Black because of the “mad and bad and Black” or “big, Black and dangerous” stereotypes. The inadequate facilities available in secure institutions to meet the needs of mentally disordered offenders from ethnic minority groups are considered; for example, the token nature of providing an ‘interpreter’ rather than trying to meet social, cultural, ethnic and religious needs. Efforts to make these provisions vary from place to place, but a lot more needs to be done in many areas. For example, with the extent of the cultural