On the Stigma of Mental Illness: Practical Strategies for Research and Social Change

edited by Patrick Corrigan; Washington, D.C., American Psychological Association, 2005, 341 pages, $59.95

Chris D. Erickson, Ph.D.

Numerous studies have documented the deleterious effects of stigma on the lives and treatment outcomes of individuals with mental illness. Many studies report the effects of stigma to be more debilitating than the illness itself. Little attention, however, has been paid to the mechanisms by which this stigma is maintained despite scientific understanding of these illnesses as brain disorders. One notable exception is the work of the Chicago Consortium for Stigma Research, which has been examining the nature and impact of stigma on the experience of mental illness for several years in order to develop interventions to improve awareness of the nature and experience of serious mental illness.

On the Stigma of Mental Illness is a compilation of the consortium's research on stigma and mental illness that details the processes that create and perpetuate stigma and offers recommendations for its mitigation. Topics range from the history of the study of stigma and mental illness to a discussion of the relevant methodology used to examine mental illness stigma and analyses of the consequences of and remedies for this problem. Corrigan and his colleagues deliver a useful digest packed with detailed reviews of research along with excerpts of autobiographical accounts of individuals' experiences of mental illness stigma.

Several aspects of the book are particularly relevant for clinicians and clinical instructors. Chapter 3, for example, presents first-person accounts of stigma and reviews autobiographical accounts of self-stigma, public stigma, and stigma from mental health professionals. It also relates stories of patients' families' experience of stigma and gives suggestions for helping patients and families cope with stigma. The book also offers suggestions for combating stigma with chapters such as "Strategies for Assessing and Diminishing Self-Stigma," "Dealing With Stigma through Personal Disclosure," and "Changing Stigma Through the Media."

One limitation of the book, however, is the minimal attention given to the interplay between stigma, prejudice, and discrimination. Little attention is given, for example, to the development of prejudiced attitudes or discriminatory behaviors as a result of stigma. This focus on stigma alone creates a sense that the problem is mainly one of a "misunderstanding" and does not link it to the much more damaging phenomena of prejudice and discrimination. Discrimination, after all, is responsible for reduced access to housing and employment opportunities, inappropriate incarceration for symptom-related behaviors, and inadequate access to health insurance benefits for persons with serious mental illness.

Another limitation is the book's primarily academic tone. Although the authors surely intended to present the issue of stigma and its research with the scientific seriousness it deserves, a detached ring to the material does not match with the intensity of the problem of mental illness stigma. Research has found, for example, that given the choice, individuals would prefer having to publicly admit they had served time in prison over admitting a mental illness (1). More than just an interesting sociologic phenomenon, mental illness stigma is a significant barrier to service utilization and responsible for widespread discrimination, even among health and mental health professionals. A more urgent tone to the suggestions for change, for example, would have been more reflective of the pain caused by mental illness stigma.

This book would be of interest to clinicians who are interested in attending better to their patients' stigma-related difficulties. It would also make a useful complement to a course on psychopathology or treatment planning to challenge new clinicians to use a systems perspective to treat the consequences of serious mental illness.

On the Stigma of Mental Illness is an interesting account of a serious problem. It is an important reminder to mental health professionals that we have an obligation not only to treat individuals with serious mental illness but also to correct misperceptions about this class of brain disorders and mitigate the damage caused by stigma, prejudice, and discrimination.

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Mental Health Screening and Assessment in Juvenile Justice

edited by Thomas Grisso, Ph.D., Gina Vincent, Ph.D., and Daniel Seagrave, Psy.D.; New York, Guilford Press, 2005, 395 pages, $50

David E. Arredondo, M.D.

Thomas Grisso has a knack for doing what's most needed. His development of the Massachusetts Youth Screening Instrument provided the nation with its first practical and user-friendly instrument for screening children in the juvenile justice system. His books *Double Jeopardy* and *Youth on Trial* are superb volumes on the mental health issues and developmental issues that arise when children with mental illnesses or developmental problems are pro-

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cessed by a quasi–criminal system that lacks basic knowledge of the principles of either the mental health or the development of the children they are processing.

His new book *Mental Health Screening and Assessment in Juvenile Justice* is right on target as a desperately needed reference for people who are responsible for selecting, deploying, and developing instruments for screening and assessing youthful offenders. It describes a range of instruments from the highly sophisticated Diagnostic Interview Schedule for Children to simple, practical, and inexpensive nonclinical, probation-friendly tools. It provides state-of-the-art assessments for substance abuse, violence, and other practical concerns of the juvenile justice system and the mental health providers who serve it.

A thoughtful and useful touch is a vignette that describes the use of each instrument after its properties, applications, and limitations are described. This book is an essential read or reference text for providers of mental health services in juvenile justice populations.

Key Readings in Addiction Psychiatry: Psychosocial Treatments

edited by Elinore F. McCance-Katz, M.D., Ph.D., and H. Westley Clark, M.D., J.D., M.P.H.; New York, Brunner, Routledge, Taylor, and Francis, 2004, 192 pages, $37.95 softcover

Curtis N. Adams, M.D.

The series *Key Readings in Addiction Psychiatry* aims to keep readers current with the existing literature on addictions. *Psychosocial Treatments* is the third book in this series. Each of its 11 chapters is an article, ranging from the presentation of pilot data to a series of review articles. Most of the articles focus on adults, but one article addresses addicted teens. In addition to articles describing interventions, a policy article is included.

One of the strengths of *Psychosocial Treatments* is that it presents material to which people who focus on the psychiatric services literature may not be exposed. That's because most of the book's articles are written from an addictions perspective. A few touch on dual diagnosis, but the primary emphasis is on the addictions literature.

The book does not dictate what to do but describes which psychosocial treatments are available. After that, it is up to the reader to examine a particular area that might be of interest.

Some of the interventions that are detailed can be easily adapted to an already existing program, as demonstrated in the third chapter, "Motivational Interviewing to Enhance Treatment Initiation in Substance Abusers: An Effectiveness Study." This chapter shows how motivational interviewing can be incorporated into a standard interview and result in increased enrollment in substance abuse treatment.

Other interventions, such as the one described in "Relapse Prevention: An Overview of Marlatt's Cognitive Behavioral Model," seem to require much more of a culture shift if they are to be introduced in their entirety to a clinic or a community mental health center. This being said, one can choose elements of relapse prevention and integrate them into one's current practice to enhance it, without adopting the entire approach. For example, the authors of the chapter on relapse prevention break relapse into multiple discrete entities as opposed to one event. With such a breakdown, the reader can easily see how many points of intervention there actually are between abstinence and full-blown relapse. And each element offers an opportunity for the person with the addiction to learn about his or her particular addiction at a more specific and individualized level. For service providers who are involved in the management of funds for patients, the voucher and contingency management elements described in several articles may be very helpful.

Psychosocial Treatments hits its target. It offers an array of interventions that one can use and that can restore the morale of the practitioner who thinks he or she has tried everything. It's particularly useful for those of us who have become wedded to one particular strategy and have missed or ignored others.

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Jail Screening Assessment Tool (JSAT): Guidelines for Mental Health Screening in Jails

by Tonia Nichols, Ronald Roesch, Maureen Olley, James Ogloff, and James Hemphill; Burnaby, British Columbia, Mental Health, Law and Policy Institute, 2005, 126 pages, $40 softcover

Thomas Grisso, Ph.D.

According to research reviewed in *Jail Screening Assessment Tool's (JSAT)*, about one in four persons entering jails has a mental condition that requires a comprehensive mental health evaluation and an immediate response to avert dangers such as suicide. The JSAT was designed to identify these persons at jail intake. The authors claim that no other tool has been developed for mental health screening of adults entering jails.

City jails may process as many as 300 persons daily. Screening means reviewing every person admitted in order to determine whether he or she needs referral. This process creates difficult specifications for a successful screening tool. For example, the pro-

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cedure must be extremely brief and requires the collection of the least amount of data necessary to do its job. Moreover, jail budgets could never afford enough psychiatrists or psychologists to meet the demand, so the tool must be designed for use by nonmental health professionals.

The JSAT meets these requirements. It is a structured interview, requiring about 20 minutes, that consists of several questions in each of eight sections: identifying information, legal situation, violence issues, social background, substance use, mental health treatment, suicide and self-harm issues, and mental health status, which is the Brief Psychiatric Rating Scale with rating modified to a 3-point continuum.

The JSAT is not a psychometric test. It has no scoring and thus no summary scores and no score-based decision rules. Screeners obtain inmates' self-report answers to the JSAT questions, then make decisions about referral based on general guidelines offered for each of the sections; for example, for suicide and self-harm, suggestions are made for referral or suicide watch when the inmate expresses intent to self-harm or when other behavioral and historical factors seem to suggest concern. So screeners have considerable discretion regarding how the data are used to make referral decisions.

This reliance on structured clinical judgment has several implications. First, the JSAT must be used by screeners who, although not necessarily mental health professionals, have some familiarity with mental disorders and have sensitivity in interviewing persons with mental disorders. The authors recommend that screeners have graduate training in psychopathology and assessment, which suggests that master's degree psychologists or social workers would be preferred. Additional training specifically with the JSAT is necessary, although this manual does not describe what the training would involve.

The second implication is that establishing validity is very difficult for instruments that rely on users' discretionary judgments. In the authors' own research, JSAT screeners' judgments about referrals identified most inmates who met standardized criteria for *DSM-IV* axis I disorders. Users must recognize, however, that this is evidence for the validity of judgments of JSAT screeners who were selected and trained by the authors. It is not known whether other jail screening programs, with inevitable variability in screeners, training, and quality control, can produce similar results. Validity is a problem for any psychological test but a greater problem for tools that have no scores and rely on the interviewing and inferential skills of the user. Nevertheless, the JSAT is a promising advance for programs seeking to identify mental health problems among adults admitted to jails.

Therapeutic and Legal Issues for Therapists Who Have Survived a Client Suicide: Breaking the Silence

edited by Kayla Miriyam Weiner; Binghamton, New York, Haworth Press, Inc., 2005, 108 pages, $19.95 softcover

Andrea B. Stone, M.D.

A collection of seven essays, *Therapeutic and Legal Issues for Therapists Who Have Survived a Client Suicide* addresses the impact of client suicide on the therapist. The goals of the book are to promote discussion of an uncomfortable topic, to point out to providers that they are not alone in having weathered this experience, and to educate therapists about the legal and therapeutic resources available to them.

All of the authors either have a doctoral degree in psychology or were pursuing one at the time of publication. The authors of the final essay, which is concerned with legal issues, have Juris Doctor degrees along with their psychology degrees (one was still in law school when the book was published). Most of the authors work in private-sector settings. Nearly all of the essays recount the personal experience of a therapist who has experienced the death, or near death, of a client by suicide. The cases of the clients are described in detail. Despite the highly personal tone of these essays, the issues addressed have been researched and referenced.

Several themes are repeated in almost every essay. Therapists experience disbelief, anger, guilt, and self-doubt. Personal aspects of the therapist's own nature and experiences influence the impact of and recovery from the suicide. The theme of isolation is repeated in most of the essays. Two essays specifically tackle the experience of trainees and the role of supervisors.

The second-to-last essay, "Touching the Heart and Soul of Therapy: Surviving Client Suicide," addresses almost all of the themes developed in the other essays. Pam Rycroft, the author of this essay, speaks to the now-predictable occurrence of the stages of grief. She talks about the impact of the suicide on her professional identity and choices. She writes about the conflict of determining what she wants to do with respect to her own recovery. Should she contact the family, attend the funeral, and express grief? Does she want to do this only for her own benefit? Does that make it wrong? Different therapeutic models provide conflicting attitudes. Although peer support is frequently underscored as essential to recovery throughout the book, Rycroft points out the conflicting weight of judgment, both direct and feared, from colleagues.

The final chapter, "Suicide and the Law: A Practical Overview for Mental Health Professionals," provides little information that would be new to

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most clinicians. It does, however, present one of the more practical delineations of risk assessment that I have encountered.

Dr. Weiner has provided a resource for most clinicians. It is likely to be of greatest value to practitioners working in relatively isolated settings or practitioners without a group of peers who are likely to be supportive. It serves as a reminder that "bad things happen" and that therapists are people, too.

Money and Outpatient Psychiatry: Practice Guidelines From Accounting to Ethics

by Cecilia M. Mikalac, M.D.; New York, W.W. Norton and Company, 2005, 390 pages, $45

Jerome Rogoff, M.D.

A book with this title, on this subject, should be more effective than zolpidem or temazepam. It is a tribute to Dr. Mikalac that the book is anything but sedating. Although not exactly a can't-put-it-down thriller, it is the book I wish was available when I began practice long ago, and even at this advanced stage of my career, I found much of real use to learn from it.

Dr. Mikalac, a psychiatrist in private practice for over 15 years who teaches a course on these matters at the American Psychiatric Association's annual meeting, has organized her book into three broad areas: "Managing Money Within Your Practice," "External Financial Influences," and "Managing Money With Patients." She finishes with three appendices: a sample introductory sheet to give patients at the outset of treatment, a sample insurance information sheet for patients, and a list of suggested further reading. The first section deals with the economics and financial organization of starting a practice, legal and ethical issues, accounting, taxes, billing, and accepting payment. The second chapter in this section, on legal and ethical issues, is masterful and should be required reading not only for those in training but for every practitioner.

The second section explores in detail health insurance, managed care, the influence of the pharmaceutical industry on practice, monetary incentives and conflicts of interest, and gifts. The third section covers patients and insurance, talking about money with patients, fee reductions and increases, and managing nonpayment. The final chapter in this section, "Money Transferences and Countertransferences," should become a classic, as it is a thoughtful, wise, and helpful entry into an area that is seldom mentioned in training but vital to the understanding and management of self and patients in therapy.

Dr. Mikalac seems to be somewhat optimistically naïve about the insurance industry, voicing a wide-eyed confidence in its generally good and honest intentions, as if the racketeer-influenced corrupt-organizations suit, which alleged criminal behaviors toward patients and "providers," had not been brought and settled by all the big companies. The settlements may have occurred after she wrote the book, but the suit had been brought before. Similarly, she makes no mention of the Health Insurance Portability and Accountability Act and its impact on practice, including an at least partial economic choice about whether or not to become a "covered entity." That discussion would have been helpful.

A few minor quibbles are that either Dr. Mikalac or her editor should look up the difference between "forgo" and "forego," the difference between "less" and "fewer," and the use of the word "assignation" to mean assignment or assigning. Although technically correct, the alternative and more used meaning of assignation makes her use of it risible.

This a very valuable, well-written book of particular importance and utility for those starting out and in their early career and well worth the time for all the rest of us to dip into selected topics. I recommend it highly.

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Personality Disorders

edited by Mario Maj, Hagop S. Asiskal, Juan E. Mezzich, and Ahmed Okasha; Chichester, United Kingdom, John Wiley and Sons, Inc., 2005, 515 pages, $165

Susan E. Bailey, M. D.

The eighth volume in the World Psychiatric Association's "Evidence and Experience in Psychiatry" series is *Personality Disorders*, a book that lends itself readily to reading straight through. Instead, it is designed for dipping into—judiciously—when considering some of our more difficult patients.

Each of the *DSM-IV* personality disorders is at least briefly considered here, though the majority of the book is devoted—perhaps not surprisingly—to the cluster B disorders. Six chapters present research and an overview or primary review of current conceptions of either a personality disorder cluster or a specific personality disorder, followed by multiple commentaries on the lead review by researchers around the globe. The book thus provides an excellent, highly detailed bibliography of research. However, the reviews and commentaries are all quite different in tone and approach. Some of the writing is elegant and crisp, some is flat and ponderous, and some, rarely, is incomprehensible.

Antisocial, borderline and histrionic, narcissistic, and obsessive-compulsive personality disorders merit chapters of their own. The cluster A disorders are

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described in a single chapter, and the avoidant and dependent members of cluster C are addressed in another. In almost all chapters, two important questions arise. Exactly what are we describing or classifying—behavior, trait, state, symptom, syndrome—when we use the term "personality disorder"? How does an axis II personality disorder differ from an axis I disease? None of the chapters answers these questions definitively, but several of them provide suggestions for future editions of the *DSM*. Peter Tyrer's lead review on cluster C disorders is particularly good in this regard, and both the review and the commentaries on obsessive-compulsive personality are thought provoking.

Given the extraordinary number of contributors to this book, Maj and his coeditors faced a Herculean task in organizing it. They acknowledge that the book took a long time to complete, precisely because the general definition of a personality disorder is complex and problematic. The editors' purpose, they write in the preface, was to serve researchers who aim to "reshape the classification of personality disorders" and clinicians who are struggling daily to help those who suffer from them—or from whatever it is our mixed up nomenclature describes. My sense is that the researchers may be better served here, although even clinicians may find something of use.

Ethical and Legal Issues for Mental Health Professionals

edited by Steven F. Bucky, Joanne E. Callan, and George Stricker; Binghamton, New York, Haworth Maltreatment and Trauma Press, 2005, 433 pages, $59

Rasim Arikan, M.D., Ph.D.

Multiple relationships with your patient? Bartering? Is your state a *Tarasoff* or *Jablonski* state? Do you have a duty of any sort if your patient is making threats toward unidentified potential victims? What about ethical guidelines for such issues?

Over the past two decades, a number of good books have addressed the legal aspects of mental health professions and helped clinicians develop a good understanding of the general legal principles regulating their practice. Psychiatric ethics has long been a subject of discussion for medical ethicists as well as professional organizations. However, questions such as those above and many others often deserve a comparative and systematic discussion of both the ethical and legal paradigms involving the particular situation in question. *Ethical and Legal Issues for Mental Health Professionals* attempts to accomplish this difficult task in quite a comprehensive manner. Especially geared toward psychologists and social workers, the book covers common questions related to various clinical issues, such as confidentiality, privilege, consent, duty to protect, and dual roles, as well as to important academic issues, such as research ethics, professional competence, publications, and supervision of trainees.

Ethical and Legal Issues for Mental Health Professionals is a well-written book with nicely organized chapters. I found it easy to read from cover to cover; however, it can also be used as a reference text. Each chapter includes relevant sections of the psychologists' and social workers' professional ethics guidelines and current statutes or the case law applicable to a majority of states. In addition to detailed explanations and summary of the current literature, case vignettes or actual case summaries are provided.

In addition to focused discussion of the relevant ethical guidelines of professional organizations in each chapter, the appendices include full texts of the *Ethical Principles of Psychologists and Code of Conduct* and *Code of Ethics of the National Association of Social Workers*. Even though the book particularly refers to the ethics codes of psychologists and social workers, it is also applicable to psychiatry. I would recommend it as a supplemental text for psychiatrists and psychiatry residents as long as the ethics code of the American Psychiatric Association—*The Principles of Medical Ethics With Annotations Especially Applicable to Psychiatry*—is also referred to by the reader. It is my hope that the editors will incorporate the American Psychiatric Association's ethics code in a future edition of the book.

In sum, *Ethical and Legal Issues for Mental Health Professionals* is a comprehensive handbook that provides the necessary historical and legal background for many common ethical and legal questions. It discusses these questions in detail with practical suggestions that should be useful in real-life situations. Although primarily written for psychologists and social workers, it could be used as a reference book for similar issues encountered in psychiatric practice.

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Posttraumatic Stress Disorder in Children and Adolescents: Handbook

edited by Raul R. Silva, M.D.; New York, W.W. Norton and Company, 2004, 224 pages, $19.95 softcover

Laura Murray, Ph.D.

This book reviews the salient topics related to posttraumatic stress disorder among children and adolescents and covers the areas of epidemiology, resiliency and vulnerability factors, legal aspects, neurobiology, etiology, clinical presentation, gender, intergenerational links, differential diagnoses, assessment, and treatment. This handbook recognizes the nuances of working with children and adolescents who have experienced trauma from a developmental and

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real-world perspective. The breadth and depth of topics covered specific to youth populations is wonderful.

The book has a strong research base and covers a broad array of traumas and populations. The science is presented in a way that allows for a concise and relevant overview of the critical studies that are often enhanced by tables or charts for ease of comprehension. The authors skillfully present cases that make many of the points discussed come to life. In addition, this book is thoughtful in discussing the strength of research findings and also in addressing the areas where more work is needed. I was particularly impressed with the cross-cultural discussions throughout the handbook. This book is well written and flows smoothly from one chapter topic to another, creating a very comprehensive and digestible piece of work.

The editor, Raul R. Silva, M.D., has extensive experience with traumatized youth and clearly understands the complexities of the area from both a scientific and practical perspective. This multifaceted conceptualization is a breath of fresh air that is sorely needed in the area of traumatized youths and has contributed to a book that successfully weaves together the worlds of science and practice. Dr. Silva and the selected chapter authors create a wonderfully crafted educational book that is useful for a wide range of professionals. I would recommend this book to highly trained professionals working in the area, as well as to many other professionals—nurses, doctors, and administrators—who may have no formal training in the area but interface with traumatized children or adolescents.

Dr. Silva, along with the authors of the chapters, clearly has the knowledge, background, and experience to write about this very important and timely topic. They have most definitely accomplished their objectives of creating a reference guide to the wide range of topics important in youth trauma, addressing current issues in the field, and using a developmental approach.

Sexual Harassment: Psychiatric Assessment in Employment Litigation

by Liza H. Gold, M.D.; Washington, D.C., American Psychiatric Publishing Inc., 2004, 292 pages, $59

J. Scott Stanley, M.D.

The Equal Employment Opportunity Commission reports that there has been a dramatic increase in sexual harassment complaints since the early 1980s. In the first five years of the 1980s only a handful of complaints were filed. But since 1986 there has been a virtual explosion in the number of filings, plateauing this decade at around 15,000 new complaints each year (1). Yet, if one reviews the major forensic psychiatry textbooks, the subject of sexual harassment is mentioned rarely if at all (2–4). This is not a criticism of these textbooks; it is merely a reflection of how rapidly this field has exploded. Indeed, it is doubtlessly a fact that many past graduates of good forensic psychiatry programs were able to complete their fellowships without working on a sexual harassment case. This lack of experience is precisely why this book is an important contribution to the forensic literature.

In this well-researched and highly readable textbook, Dr. Gold draws a roadmap for clinicians to get "up to speed" on this topic. She introduces the reader to the relevance of psychiatry in sexual harassment complaints and places this in an historic and legal context while gently reminding the reader of the ethical principles of forensic practice. Ethics are detailed in most forensic textbooks, but these principles cannot be repeated often enough.

Dr. Gold's chapter on bias in cases of sexual harassment is particularly helpful. Bias is involved in any highly emotional case, and the examiner must be aware of his or her own preconceptions and assumptions as well as those of others involved in the case. In the next chapter she introduces some conceptual frameworks that the evaluator may use to keep the case within an objective context. Her chapter on the science of sexual harassment and issue raised by *Daubert vs. Merrell Dow Pharmaceuticals* is particularly strong. Because many of the cases are filed in federal court, the expert must always be mindful of the admissibility standard for testimony, and this chapter is very helpful.

Later chapters on the use of psychiatric diagnosis and the assessment of damages are useful reading for anyone who works in the field as an expert witness, not only those who accept sexual harassment cases. And the framework for conducting an examination will be especially useful for the less experienced examiner.

Dr. Gold's references are well considered, broad, and accurate, and her use of landmark cases is extensive and well researched.

I could find few criticisms, and those that I have are perhaps matters of personal taste. Her use of landmark cases is appropriate, and most cases are well explained. Some were cited only with name and holding. I find landmark cases are most helpful when a fuller context is provided, but again, this is mostly a matter of personal taste. I also found her chapter that discusses sexual harassment in context at times tentative and almost apologetic. Her points in this chapter are all well taken, and I would have liked for her to either elaborate a bit on them or steer the reader to further research. Finally, Dr. Gold warns less experienced clinicians that there is much to know before accepting sexu-

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al harassment cases. She cautions the reader to extensively study the subject matter and recognize the need for experience. A few lines about how a clinician could gain experience—by mentorship, for example—would be helpful. But these criticisms are minor and do nothing to take away from the work's fulfilling its goals.

This textbook should be considered required reading for all forensic mental health experts. Some parts should also be considered by general psychiatry residency directors. People working in the legal field and in risk management may also find it useful. Overall it is an excellent read and fills a substantial gap in the literature very nicely.

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Madhouse: A Tragic Tale of Megalomania and Modern Medicine

by Andrew Scull; New Haven, Connecticut, Yale University Press, 2005, 360 pages, $30

Jeffrey L. Geller, M.D., M.P.H.

Removal of all the teeth, tonsils, adenoids, the stomach, cervix, gallbladder, ovaries, fallopian tubes, uterus, thyroid gland, spleen, seminal vesicles, pericolonic membranes, hemorrhoids, and appendix. Treatment with course of typhoid vaccine, massive colonic irrigation—15 to 20 gallons per treatment over six to eight hours per day, draining sinuses, calcium therapy, fever treatment, and electrical coagulation of the cervix. These were the methods that were used to treat insanity under the direction of Henry Cotton during his tenure as Superintendent of Trenton State Hospital from 1907 until 1930.

Andrew Scull, who masterfully tells Cotton's tale, presents the framework for *Madhouse* in so poetic a fashion it is worth repeating: "Whether ranting and raving, or melancholy and withdrawn, madmen and madwomen have experienced and provoked an explosive mixture of commotion and disarray, guilt and despair, stigma and shame. For hoi polloi and literary folk alike, the crazy may on occasion become figures of fun, but in the shadows lurks a darker perspective, from which they are viewed as an explosive mix of menace and misery." From Cotton's perspective he was treating what he believed to be the root cause of all insanity, namely focal infection or "the perils of puss infection."

Cotton, like many asylum superintendents of his day, was to some degree "trapped within the walls of the asylum as surely as most of the patients." With single-minded directedness and spurning the Kraepelinian approach to differential diagnosis, Cotton proceeded with virtually unrestrained therapeutic intervention aimed entirely at removing the sources of infection. His arrogant self-appraisal reflected his absolute certainty in his approach, which led him to consciously, or unconsciously, misreport outcomes such that within 12 months of adopting his counter-infection interventions, Cotton claimed recovery rates had increased by 23 percent. As he utilized his approach more extensively he claimed cure rates as high as 85 percent.

Cotton brought favorable publicity to Trenton State Hospital. He brought a financial windfall to the hospital, as private paying patients came from out of state. The publicity, money, and his "passion for publicity and his propensity for insistent self-promotion" brought Cotton great support from the board of Trenton State Hospital, which had many illustrious members. Nothing could stand in Cotton's way, including patients' and families' consent as Scull indicates: "Protests from patients and their families must be ruthlessly pushed aside as shortsighted preferences reflecting the patient's mental disturbance and incompetence, or the imperfect knowledge of their families."

Cotton was not without critics. Many psychiatrists of his era were aghast at his approaches and his apparent unwillingness to have his methodology and outcomes evaluated by those external to the endeavors. J. K. Hall, a prominent southern psychiatrist, referring to Cotton's efforts in 1922, indicated that "the world has been overflowing with lots of damn fool theories, and I think it is important for the welfare of humanity that some of us doctors at least retain what little sense we have and try to keep our feet on the ground."

Although Cotton has the lead in this drama, Phyllis Greenacre and Adolf Meyer are two other major players of interest. When the challenges to Cotton became so great that an external review was required, Cotton turned to his mentor, Meyer, who sent one of his young psychiatrists, Greenacre, to Trenton State Hospital to conduct a review of the data. Her report, which if released would have demonstrated that Cotton's approaches had absolutely no scientific basis, was squelched by Meyer who most certainly knew that as he sat on the report more people were dying at the hands of the surgeons at Trenton State Hospital. Although Cotton reported excellent therapeutic outcomes, he also acknowledged high mortality rates.

In this drama Cotton can be seen as a blinded zealot, well-meaning in his

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efforts but quite mistaken in his approach. Cotton made it very clear that his aim was to free persons with serious mental illnesses from state hospital life and return them to what we refer to in current parlance as "the community." Greenacre was a victim. Her extensive work was never allowed to see the light of day. She did go on to an illustrious career, which was quite different from her early efforts. The real villain in this tale is Meyer.

Nowhere have I read, nor do I believe has it ever been made quite so clear as in Scull's book, that Meyer could be portrayed as a narcissistic, controlling, manipulative, self-interested individual who was willing to put ethical concerns secondary to his own career. Scull describes Meyer as "dominant," "castrating," instilling fear in his students and mentees, and responsible for a cover-up. Scull provides all the groundwork for the reader to conclude that Meyer was deceitful, disreputable, and perhaps despicable.

Scull provides a very well written account of early 20th century American psychiatry and supplies interesting information on the personalities, the therapeutic approaches, the ethics, the public and private interface, and the politics of that era. Perhaps his most disquieting conclusion is that although there might have been professional disagreements between psychiatrists who subscribed to Cotton's monocausal account of psychosis and those who did not. There might also have been disagreements between those who were moving away from biologic bases for psychiatry towards psychodynamic understandings and those who were not, but virtually nobody within the profession raised a red flag that said "you can't experiment on patients" or "you can't operate on patients without consent." As Scull himself points out, "scarcely anyone doubted his [Cotton's] right to experiment on his patients or raised in any serious or sustained manner any questions about the propriety of maiming and mangling the bodies of the mad."

Scull points out that although *Madhouse* brings to light long suppressed information, Cotton was not alone in endorsing dramatic invasive interventions for mental illness. Other such interventions of the 20th century include insulin shock, metrozol-induced convulsions, lobotomy, oophorectomy, inoculations with malaria vaccine, and others. Scull also implies that it is easy to look back and see the folly in the naïve, perhaps inconsiderate and insensitive interventions of the past.

But who are we to say that people of the future will not look back at our less than remarkable interventions and be aghast at the use of medications that induce tardive dyskinesia, our polypharmacy buckshot approach to intractable psychosis, abandonment of persons with mental illnesses to heating grates on the street or cots in a prison, and the ability to allow persons with chronic mental illness to live in the community without ever making them part of the community? How different are we from Cotton and his peers, all of whom thought they were acting in the best interest of individuals with serious mental illness?

Additional Book Reviews Available Online

Reviews of three additional books are available as an online supplement to this month's book review section on the journal's Web site at ps.psychiatryonline.org:

- Maxine Harris, Ph.D., reviews *The Glass Castle: A Memoir,* by Jeannette Walls
- Duncan B. Double reviews *A Sentimental Murder: Love and Madness in the Eighteenth Century,* by John Brewer
- Clara Claiborne Park reviews *Animals in Translation: Using the Mysteries of Autism to Decode Animal Behavior,* by Temple Grandin