

## Book reviews

### Murder into Manslaughter

Susanne Dell, 75 pages, Oxford, £10, Oxford University Press, 1984

This is an admirable book, in the best tradition of the Maudsley Monographs: short, rigorously scientific, and yet eminently readable. On top of that, it has something important to say, and the author has no hesitation in making it plain what that is.

Time was when we hanged all murderers. In 1957, we decided only to hang some of them, and to send the rest to prison for life. Today, life imprisonment is the mandatory sentence for all of them. But the 1957 Act also introduced a new defence: if the accused can show that, at the time of the killing, he suffered 'from such abnormality of mind as substantially impaired his mental responsibility for his acts and omissions', he will only be guilty of manslaughter. That then gives the judge a complete discretion as to sentence: he can let the culprit go, or put him on probation, or fine him, or send him to prison for any period up to life. Or he can send him to a mental hospital - which, in cases of 'abnormality of mind', is the most probable outcome.

And so, at one time, it was. But it struck Susanne Dell that the hospitalisation rate seemed to be falling, from around two thirds of all such 'diminished responsibility' cases in the late 1960s to only around one third by the middle 1970s, and she set out to discover why. With impeccable sampling and statistical techniques, including the GLIM log linear modelling computer program, she asked all the obvious questions. Had the offenders changed over the period, by age or social class, for example? No. Did they have worse previous records? No. Were their victims, their motives, or their methods of killing different?

No, no and no again. Did the doctors diagnose different 'abnormalities' in them? Once more, no.

Did the judges then perhaps change their policies, declining to make hospital orders when the psychiatrists recommended them? Still no, but now we are starting to get warm. What in fact happened was that the psychiatrists made fewer such recommendations, and this in turn can be traced back to a change in the policy of the Department of Health and Social Security. At the start of the period, the Department regarded it as its duty to provide a bed in a Special Hospital whenever the courts wanted one. By the end, it offered one only when *the Department*, and not the reporting psychiatrists and the judge, thought the offender was suitable for one. As Ms Dell puts it, 'there was no evidence that the closing of the Special Hospital doors led to the doors of the NHS being opened. It was the prison doors that opened instead'.

So, today, it is in effect the DHSS rather than the court which decides whether many of the offenders in this class shall go to hospital or to prison - and, as the author's data show, those who go to prison tend to be deprived of their liberty for much longer than those who go to hospital. In our constitution, it is a novel proposition that matters of this kind should be decided by officials sitting in private and accountable to no one, rather than judges sitting in public and accountable to the law. Nine years ago, the Butler Committee recommended a radical reform of this whole area: the archaic McNaghten Rules, the mandatory life sentence, diminished responsibility *et al*. The results of this important study lend powerful weight to that recommendation - and would do so even more effectively if the publishers could be persuaded to bring it out affordably in paperback.

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### Psychiatry and Ethics: Insanity, Rational Autonomy and Mental Health care

Editor, Rem B Edwards, 609 pages, Buffalo, £21.95 (hardback), £10.45 (paperback), Prometheus Books, 1982

In Britain there are still very few formal courses of ethics for medical students either undergraduate or postgraduate. This substantial volume of papers goes some way to filling the gap for the psychiatrist. It is an American collection of papers and is therefore biased to topics of particular interest to colleagues on the other side of the Atlantic. It has ten different sections ranging over topics such as 'The Ethico-legal model', 'Therapist-patient Relationships', 'Informed voluntary consent', 'Controversial Behavior Control Therapy', and 'De-institutionalisation'. Each section contains a brief introduction by the editor in which he discusses the papers in that section, and between three and five articles selected from the literature of the last twenty-five years relating to the topic. Each section is rounded off with a comprehensive bibliography.

For me the book made a somewhat tedious start with the inclusion of Thomas Szasz's paper on 'The Myth of Mental Illness', but Boorse's paper is a useful foil to the Szasz paper and the best criticism is given by Sedgwick in a 1973 paper entitled 'Illness - Mental and Otherwise'. He argues that disease is a human concept related to man's attempts to preserve function and postpone death, and that the conceptual differences between physical and psychiatric illnesses are much less profound than the anti-psychiatrists would wish us to believe.

Several other important articles stand out. Meisel, Roth and Lidz, give us a foretaste of their book on informed