

fully have an approximate 20-fold increase in lung cancer risk,² this statistic implies a rate of violence in schizophrenia that is much higher than that reported by birth cohort studies.^{3,4} The assertion is also inconsistent with meta-analyses, one of which found odds ratios for violence in schizophrenia compared with the general population to lie between 2 and 4, depending on which statistical model was used to pool the data from the studies.⁵ Of course, the situation is often complicated by substance use and substance use varies, like much else in forensic psychiatry, across treatment settings and jurisdictions. I would have liked to know where to find out more.

The index is good and the Table of Contents comprehensive. Because the book is authored, not edited, it has a coherence of outlook and a consistency of style that is often lacking in books of this scope. The restricted number of people writing the text has not adversely affected its quality. Whatever the size of your pocket, the book deserves a place on your shelf.

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The Practical Assessment of Testamentary Capacity and Undue Influence in the Elderly

By Eric G. Mart and Adam D. Alban. Sarasota, FL: Practitioner's Resource Series, Professional Resource Press, 2011. 94 pp with CD-ROM. \$24.95

For all its brevity, this is a remarkably detailed and thorough book that will give the novice, in a highly

concentrated form, essentially all that is needed to perform the task set forth in the title. There are some particular features that merit specific mention.

To deal first with the unusual, note that the book has an attached CD-ROM that contains templates of all the major assessment forms that are cited in the text—fortunately, since a significant part of that text involves citations of a plethora of assessment forms.

This approach may represent too much rigor in many cases, especially in those that involve a living testator who can often personally answer extensive questions. Moreover, although form-based data allow confidence about reliability and may be helpful in resisting cross-examination, most fact finders tire quickly of reading a report or hearing testimony that goes into the level of detail provided by formal instruments. From a different perspective, I suspect that this CD supplement is a harbinger of future textbooks and not only in forensic psychiatry: everything often cannot be contained in the written content.

To counterbalance this possibly useful add-on, the book contains no index. This omission is serious for a text that one anticipates using as a long-standing reference work rather than a one-time read-through.

Two important distinctions are not brought out with sufficient clarity. First is that the three components of the testamentary capacity examination are almost always matters of long-term memory; thus, short-term memory impairment would not necessarily affect them significantly. Adults recognize what a will is in early adulthood; we know in general what our assets are as we acquire them; we know who our children are from their birth (or we assume they are ours). Much of these data are concrete in a timeframe that usually predates designing a testament, but there are, of course, exceptions.

Second, I found no reference to the important difference between undue influence and due influence. That is, the evaluator must distinguish between someone who takes unfair advantage of a susceptible testator unduly, per statute, on the one hand, and the natural but legitimate tendency of people to have a favorite relative, charity, or organization on the other.

With these minor objections noted, the book represents a short and useful contribution to an examination that is often, in my consultative experience,

misguidedly distorted by preoccupation with diagnosis.

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Quick Reference to Adult and Older Adult Forensics: A Guide for Nurses and Other Health Professionals

By Kathleen M. Brown and Mary E. Muscari. New York: Springer Publishing, 2010, 453 pp. \$60.00.

Kathleen M. Brown and Mary E. Muscari come from nursing backgrounds and wrote their book to educate nurses and other health care professionals about general topics related to forensics. Winner of the 2010 *American Journal of Nursing* Book of the Year Award in the area of Gerontologic Nursing, their text has been acclaimed for filling a niche for clinical providers who encounter victims and violent offenders.¹ This text supplements a complementary book by the same authors, *Quick Reference to Child and Adolescent Forensics: A Guide for Nurses and Other Health Care Professionals*.² The text addresses topics relevant to both physical and mental health forensic assessments.

The book, which begins with an introduction to general principles of violence, is organized into four sections: General Principles, Adults and Older Adults as Victims, Adults and Older Adults as Offenders, and Unnatural Deaths. The last section focuses on medicolegal death investigations, including suspicious deaths in long-term care facilities and deaths by suicide and homicide. Each section includes several independent chapters that can be read in any order. Despite the title, distinct chapters define an older and an elder adult differently, and few chapters distinguish concepts for an adult versus an older adult.

The chapters address topics commonly presented in forensic guides, including evidence, expert witness testimony, intimate-partner violence, stalking, and violence risk assessment, among others. Beyond customary topics, Brown and Muscari also included chapters on professional stress and burnout, victim

services, abusive parents, animal cruelty, and parenting while incarcerated.

The chapters are organized to provide definitions, prevalence information, etiology, and classifications and assessment guidelines for the health care provider, followed by therapeutic interventions, prevention guides, resources, and references.

The strength of this text lies in its coverage of physical signs of violence, assessment, and documentation. The chapter, “Principles of Evidence,” deserves special mention for its succinct discussion of how to identify and preserve physical evidence, such as clothing, hair and fiber, and body fluids, and how to maintain the chain of custody. Another chapter lists characteristics of common types of wounds and how to document such injuries. Eight pages of color photographs of physical injuries help to illustrate some important findings in a reader-friendly manner.

In contrast, the guide lacks detail when covering many of the topics relevant to mental health. In addition, several inaccurate statements appear. By way of illustration, in a chapter on guardianship, the authors provide a cursory description of the responsibilities of a guardian. They put forth a best-interest standard without providing any citations and fail to mention the alternative standard of substituted judgment. In a chapter titled “Offenders with Mental Illness and Cognitive Impairment,” in which the authors address the topic of screening assessment tools, they state that there are tools for screening for specific disorders but incorrectly assert that there are no general screening tools. Some mental health providers are likely to take issue with the descriptions of certain mental disorders. In describing schizophrenia, for example, the authors write, “Paranoid schizophrenia is a common concern in criminal justice, as it describes those who hear voices that command them to kill, stalk, or destroy property” (p 249). There is little mention of the variability of illness presentation or of the frequency of occurrence of command auditory hallucinations.

Along these lines, Brown and Muscari are inconsistent in citing references within the body of the text. In several instances throughout the guide, they list specific statistics or data without identifying the source. Although a reference list is included at the end of each chapter, some statements within the body of the chapter are not supported by an identified source.