

I reached the end of Part II thinking that this is obviously a wonderful book to recommend to schizotypy/schizophrenia researchers, but struggling to see that it would feel especially relevant to clinicians. Then I read Part III, and I changed my mind. I think all clinicians would benefit from reading these excellent chapters. They are concise, well-written overviews of the value of dimensional approaches in clinical practice, the relationship between schizotypy and psychopathology, and the link between schizotypy and creativity. The principles are discussed critically and can be applied to all aspects of psychiatry.

The book ends with characteristically wise advice from Professor Claridge: high-quality longitudinal studies of high schizotypes are desperately needed to address tricky issues of causality and to understand the mechanisms by which schizotypal traits become psychiatric symptoms. He also reminds us that we should seriously consider the overlap between schizophrenia and bipolar spectra.

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planted a seed of doubt in my mind about the standard of her scrutiny. However, this is not a systematic review, and generally the research she presents is backed up well.

Marchant approaches her subject with an open mind but does not venture into the realms of the incredible. Her disdain at the most obvious hokum (such as when she visits a Reiki healer) is clear. Nevertheless she presents the patients' stories with compassion. Her description of one young patient is particularly memorable; having rejected conventional treatment for breast cancer, her 'New German Treatment' for the resultant bone metastases involved chanting 'I'm valuable. I love myself.' Marchant also reminds us that other patients are desperate, having tried conventional medicine and found it not to help.

Accessible to both a lay and scientific audience, I recommend this book for anyone who has kissed a bump better, been offered arnica by a friend or asked to prescribe homeopathic remedies by a patient. Marchant reminds clinicians that we do not have all the answers and we need to help patients in the real world. Moving beyond a reductive mind *v.* body debate, she convinces that to be effective doctors we need to treat both.

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### Cure: A Journey Into the Science of Mind Over Body

By Jo Marchant.  
Canongate. 2016.  
£16.99 (hb). 368 pp.  
ISBN 9780857868626



### Women at War

Edited by Elspeth Cameron Ritchie & Anne L. Naclerio.  
Oxford University Press. 2015.  
£55.00 (hb). 392 pp.  
ISBN 9780199344536

In her introduction, science writer Jo Marchant describes being offered a homeopathic remedy by another wise, sensible-seeming woman. Having learnt to bite my tongue after many similar encounters, I found her subsequent line of questioning intriguing. What causes otherwise rational people to believe in water memory? Are we all missing something?

She seeks to answer the question by researching the evidence and, in pragmatic opposition to mind–body dualism, argues that those of us of a more positivist bent underestimate the power of mind over matter. She considers all the evidence, interviewing patients and clinicians effectively.

The chapter about placebos, which includes discussion of the concept of the 'honest placebo', is especially good. Chronic fatigue, pain and polymyalgia are all covered well. She highlights the areas where the science provides evidence and the neuroimaging work especially supports a paradigm shift.

Some research is rather uncritically reported. Marchant states that both antidepressants (except for in major illness) and z-drugs are little better than placebos. Presented without qualification, this

*Women at War* covers many aspects of the deployed female and is not psychiatry specific; it covers both the medical and mental health needs of women in the unusual setting of war.

The book is sensibly broken down into five parts. Each part focuses on sub-topics which address issues pertinent to women at war. These topics range from specific medical issues for deployed women and those home from war, to female-specific psychological considerations and the experiences of female veterans. There is also an extensive introduction.

I found part three, 'Women home from war', particularly interesting. It enlightened me on a plethora of issues that I had not previously considered, including the additional anxiety of a deployed or returning parent who is, in most cases, also the primary caregiver.

The role of women in the military is as topical as ever. Discussions are currently taking place regarding the consideration of wider roles for women within the armed forces. These include

combat roles – often referred to as ‘front line’ roles (a term that is not particularly helpful in modern warfare). This book allows the reader to appreciate how women fit into the military as a whole and how the difference between them and their male counterparts plays out.

*Women at War* is written for those who would professionally care for women returning from operational service. It is imperative to note that any healthcare professional could come into contact with current or former servicewomen. With that in mind, its scope has potential for being wider than many will initially appreciate. It is well referenced and contains a balanced

amount of data within the text to give the reader a good understanding before deciding whether to read the referenced articles.

*Women at War* comprehensively covers a topic which is seemingly under-published, and is thus an invaluable addition to any civilian or military medical library.

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