

## Book Reviews

### PSYCHIATRY

**Psychiatry in Transition, 1966-1967.** Edited by A. B. STOKES. Toronto: University of Toronto Press. Pp. 137. Price 57s.

These papers were given at the formal opening of the Clarke Institute of Psychiatry in June 1966. The influential and eminent speakers collectively would be expected to present an overview both of the present state of psychiatry and of the course on which the profession is set. The reader who tries to absorb the book as a whole, as a reviewer inevitably must, will identify certain common themes that preoccupy the contributors. An outline emerges of the sort of book that might have resulted had the contributors coordinated their addresses. The editor has not attempted the task of collation in his introduction, perhaps out of consideration that individual readers will fasten on different emphases.

All but one of the contributors deal with the crisis of identity confronting psychiatrists, a contemporary confusion of professional role for which they suggest varying solutions.

Walter Barton points out two directions which psychiatry can take in the future. As a result of the information explosion and technical advances, psychiatry is becoming fragmented into specialized areas: for alcoholism, geriatrics, children, offenders, and so on. Social and financial pressures, on the other hand, shift the profession towards generalization: all-purpose community services are claimed by some administrators and clinicians as preferable to intramural clinics and specialized hospital units. With this uncertain perspective ahead, institutions have already had to abandon their traditional systems, and still greater change is insistently demanded of the psychiatric profession, from within its ranks as well as by the public. Immediate service responsibilities alone, however, cannot steer the profession as a whole on its future course. Within any pattern of generalization, defined and planned specialization is essential. The primary function of psychiatry in a medical school department, for example, is the discovery of new knowledge and its transmission—as Brosin points out, with service as such a secondary obligation.

The prospect of an enlarged social responsibility undoubtedly appeals very strongly to some leaders of the profession. Dr. Iago Galdston calls his chapter,

*Civilization and Its Discontents*, the book in which Freud apologetically admitted that he had little solace for suffering mankind: '... I bow to their reproach that I have little to offer them.' Galdston urges that the time has come for a contrary outlook. He sees society as under threat of widespread 'social neurosis', and urges the contemporary psychiatrist to become involved in 'psychosocial prophylaxis'. For psychiatry to be concerned with the care and treatment of the mentally ill is no longer sufficient. We are advised to address ourselves to the more general discontents of the newly emerging civilization.

Aubrey Lewis dissents from the view that the pending destiny of psychiatrists is to be 'social engineers'. For him this assumption does not follow the emphasis we currently give social issues of psychiatric importance. Instead, he points to the danger of identifying with the evanescent professional enthusiasms of the time. His emphasis falls on the psychiatrist's need, today as previously, to be capable of criticism and 'disposed towards a disciplined scepticism'. During their training psychiatrists are sometimes led to accept too unquestioningly doctrines which they hear authoritatively expounded, and in their professional lives they are then handicapped by facile acceptance of innovations, like 'insulin coma... and the death instinct, and the Rorschach test, and the maternal deprivation hypothesis, and many more.'

Henry Brosin, in contrast, accepts the larger social responsibilities, considering that the psychiatrist of the future should be equipped 'to provide sound leadership in the best scientific and humanistic traditions', for the fight against erosion of academic freedom, overcrowding, pollution of air, soil and water, invasion of privacy, and deterioration of self-determination and self-reliance. He views the present as a troubled period of rapid, unprecedented change, a prelude to a post-industrial cybernated society.

Camille Laurin, in a more qualified response to the impact on psychiatry of general social pressures, makes a plea that more should not mean worse. He recognizes that claims on the psychiatrist's attention are now made by the open-door policy, the therapeutic community, group therapy, family therapy, drug treatments, and community services. At the same time, caution should accompany the shift of

emphasis in psychiatry from the individual's mental life to concern with organization of the environment. Harmful consequences of the change are that insufficient attention will be paid to the complexities of psychopathology, patients will not be given time and opportunity to work through their personal difficulties, and the standards of psychiatric care will be generally lowered. As psychiatrists are called upon to become 'ubiquitous' they may spread themselves too thin, lose their professional identity, fall victims to pragmatism, and become 'promoters of happiness' instead of scientifically imbued clinicians. Therapy already tends increasingly towards prescription of the same drug for the same target symptom, rather than the exercise by the psychiatrist of his own personality to elicit and clarify the latent, abstract, and complex psychogenesis of the patient's symptoms. Already, in Laurin's view, much psychiatric research is mechanistic and 'purely verbal'.

Howard Rome is not so pessimistic. He believes that the psychiatrist can look to advances in technology to relieve him of rote chores, allowing him to concentrate instead on his relationship with patients. The computer will take over the mechanical tasks of diagnosis and treatment, and free the clinician for the 'irreplaceable human encounter' in which he detects, corroborates and amplifies his patient's symptoms and signs. Not only the individual clinician but also the practice of medicine will be transformed. In place of the existent stores of medical data, useless because they are illegible, irretrievable or too expensive to search, computers will permit stores of medical information to be accumulated and used. An advance in medicine will result which is not merely quantitative but 'a qualitative leap in sophistication'.

Gruenberg points out that psychiatry has long been linked more closely to social policy than was the case with other branches of medicine: mental illness is very much a social phenomenon. His own research has satisfied him that recent reforms in psychiatric organization have been beneficial; psychiatrists' enthusiasm for the new psychotropic drugs has made it easier for them to simultaneously accept hospital administrative changes, and integration of hospital with community services, both reforms to the advantages of the psychiatric patient.

In his address Gruenberg makes full use of his own research findings. The alienated chapter in the book is the sole laboratory research report, in which H. H. Jasper discusses neurophysiological advances in the understanding of perceptual awareness. While out of character with the rest of the book, the work reported certainly does not lack social implication, and the audience attending the opening must have

welcomed the diversion from the main stream of the discussion—the more so because Jasper dealt in passing with 'novelty detectors', cells found in the thalamus which respond only when the subject attends to a particular stimulus, and which stop responding when the stimulus is repeated so often as to lose its novelty.

H. J. WALTON.

**Basic Psychiatry.** By MYRE SIM and E. B. GORDON. Edinburgh: E. and S. Livingstone. 1968. Pp. 262. Price 25s.

This small book covers a wide range of topics in its nineteen chapters. It begins with psychology, psychopathology and neuropathology and pauses for a lengthy time in the field of organic psychiatry and psychosomatics. It moves through the functional psychoses, neuroses and personality disorders at high speed, ending with a brief mention of child psychiatry and mental deficiency; the terminology of the Mental Health Act is scorned in this last section.

The authors believe that the book will appeal to those who wish to gain a ready understanding of the basic aspects of psychiatry and will also be suitable for rapid revision. The subject matter is set out in the form of question and answer, but it is doubtful whether there is any particular advantage in including in section headings such phrases as 'What are the principal features of . . .', 'What do you understand by . . .', before the title of the section in heavier type. This approach would only be of value in comparing and contrasting different forms of illness and highlighting the differentiating features. This is done only rarely, for example in comparing anorexia nervosa, deliberate disability and hysteria; and here one reaches the startling conclusion that anorexia nervosa and deliberate disability differ only in that the age range of the latter is some six years longer.

It is true to say that there is something in this book for everyone, and its vigorous authoritative style makes for easy reading. However, it takes too dogmatic a line for the examination candidate and does not give equal space to conflicting opinions. For the beginner it gives an unduly simplified account of complex problems and offers little opportunity for him to appreciate the fact that there are alternative opinions. This book serves to emphasize the view that there are no short cuts to learning the complexities of human behaviour. One cannot recommend it unreservedly, though it will have some appeal to those who demand firm statements of opinion about controversial matters.

C. P. SEAGER.