

stormy moods and unpredictable violence shown by the sick boy. They find it difficult to accept the special position he occupies in the household, and also suffer from the social stigma created by his behaviour. It is this aspect of the book that particularly recommends it to the reader's attention as it is a consideration that is often overlooked in the zeal to return the patient to the community.

J. LEFF.

#### AMERICAN G.P. PSYCHIATRY

**The General Practitioner's Role in the Treatment of Emotional Illness: Proceedings of a Symposium held at Boston State Hospital.** Edited by ALVIN BECKER. Springfield, Illinois: Charles C. Thomas. Pp. 101. Price \$5.75.

American studies of psychiatric illness in general medical practice have yielded findings similar to those of our own workers in this field. In both countries at least one patient in seven is thought to be suffering from mental or emotional disturbance of a degree to warrant treatment, the large majority being cases of neurosis or related psycho-physiological disorder. The rates are consistently higher for women than for men, and for widowed, divorced and separated persons than for either the married or the single. The chief disparity lies in the age distribution: whereas in Great Britain the highest rates have been found in the middle age-groups, American surveys show a relative excess of declared morbidity in the over-65 range.

Prevalence rates of the order suggested by these findings have been cited as evidence of an insatiable demand for specialist care. What was described as a manpower crisis a decade ago, when the United States had 10,000 psychiatrists, is still regarded as an acute shortage today, when the number has risen to over 17,000. Unfortunately, given the existing confusion as to their proper scope and function, there seems no way of estimating society's need for psychiatrists, and certainly prevalence statistics provide little guidance. One can, however, safely predict that the great bulk of non-institutional cases will continue to be dealt with largely or entirely by general practitioners, whose training and equipment for this side of their work thus deserves high priority in medical planning.

So far, the implications have been less firmly grasped in this country than in the United States where the lack of a basic health service structure renders the situation more acute. A number of

official bodies have been active in developing training programmes; in particular the American Academy of General Practice and the A.P.A., who a few years ago set up a Committee on Psychiatry in Medical Practice. These joint endeavours have borne fruit in a series of ambitious courses (styled 'Regional Workshops'), together with numerous conferences and symposia of which the one here reported is no doubt representative.

The participants included some prominent figures in public health psychiatry, notably Gerald Caplan and Milton Greenblatt, but the most important contributions to this volume come from men actively engaged in research and experimental work on the subject of discussion. Leonard Weiner describes a model consultative service in Boston, designed to bring local practitioners into closer contact with the state hospital. Alvin Becker and Jacob Swartz review the methods of postgraduate psychiatric teaching which are in use in that city. James W. Osberg briefly outlines the epidemiological background and the relationship of general practitioners to the new Community Health Centers.

The emphasis throughout is on psychotherapy and the training of the generalist in psychotherapeutic techniques. Psychotropic drugs receive surprisingly little attention, considering that the meeting was subsidized by a number of drug firms. The possibility of a team approach incorporating social workers and other non-medical personnel is ignored in all the formal contributions and is only mentioned in the final discussion in reply to a pointed question from the floor. The socio-economic basis of medical care is scarcely touched on, though the reader catches an odd glimpse of underlying realities, as in the following passage from p. 42:

"The patient is depressed, or has some anxiety, and after working with him for a while you say, "Well now, I'd like to have you come back next week."

"Well, what for?"

"I would like to talk with you."

"Why don't you just give me the medicine and that's all? Why do you have to talk with me?"

"Then the doctor becomes afraid that he's going to get the reputation of trying to pad the patients' visits, to get them to come back more frequently, to extract more fees from them. His own anxiety shows through, and he is perfectly willing to give the patient the medication or the tranquilizer, to let him go saying "good riddance" and to forget all about it."

In spite of its weaknesses, the book makes interesting reading for anyone concerned with social or educational aspects of psychiatry. Perhaps the best recommendation is that one would be glad to see it in the hands of senior members of the R.M.P.A. and

of the Royal College of General Practitioners. Regrettably, the production is marred by poor editing and proof-reading.

B. COOPER.

### INDIAN TEXTBOOK

**Elementary Psychiatry for Medical Undergraduates.** By ROSHEN MASTER. London: Asia Publishing House. 1968. Pp. 427. Price 40s.

This book on general psychiatry is intended for medical students.

The first part gives the history of psychiatry and an account of the psychodynamics of human behaviour, the second part details of aetiological factors and the symptomatology of mental disorders. The remainder of the book is devoted to various psychiatric disorders and accounts are given of child and social psychiatry. The subject of forensic psychiatry deals with the legal provisions applicable to India.

The book contains a great deal of useful information, but the part dealing with genetics is poor, and many of its definitions are imprecise, such as that of obsession. It is not correct to define stupor as a disorder of consciousness, or to say that depersonalization is necessarily an affective disorder. Data on epidemiological aspects of psychiatric disorders are inadequate. In the part dealing with psychosomatic medicine not enough attention is given to the multiplicity of aetiological factors which are found in most psychosomatic disorders. There is a good account of physical treatments but there is no adequate account of behaviour therapy. There is a useful glossary.

This book is primarily written for Indian students, and in the highly competitive field of undergraduate textbooks on psychiatry it is unlikely to prove attractive to students in this country.

W. LINFORD REES.

### SKINNERIAN PSYCHIATRY

**A Psychological Approach to Abnormal Behaviour.** By LEONARD ULLMAN and LEONARD KRASNER. New Jersey and Hemel Hempstead: Prentice-Hall International. 1969. No price stated.

Textbooks in psychiatry and abnormal psychology, unlike those in physics, tend to be written from the point of view of a particular school. In the past, this has often meant that the standpoint selected was psychoanalytically oriented. This new textbook also has a very definite orientation, but it is to B. F.

Skinner rather than to Freud. This simple statement will probably immediately cause many psychiatrists to give up any thought of reading it, but this would be a great mistake. Admittedly the concepts, theories, and facts included are entirely different from those which form the backbone of traditional texts, but unless one assumes that the traditional approach is near perfect and its value established beyond reasonable doubt, alternative ways of looking at the facts and alternative suggestions for treatment should not be dismissed. Prospective readers may be reassured that the book is very well written, contains very little jargon, and carefully documents the points made; it is without a doubt a major contribution to the literature, and one that should be on every psychiatrist's shelf. It is, of course, a one-sided presentation, just as traditional textbooks give one-sided presentations; it is precisely for this reason that it is here recommended so strongly. Until the time arrives when a textbook can be written which will embody the contributions of all schools, and evaluate them on a factual basis, the only way to overcome the biases of one side is to read and digest the contributions of the other. There is little danger that psychiatrists will be unaware of what the psychoanalytic literature has to offer; this book will give them an idea of what contribution behaviourism has to make.

Praising the book as I have done does not of course mean that even from the behaviouristic viewpoint I must agree with everything said in it. Consider, for example, the discussion of psychotic disorders, particularly the schizophrenic varieties. The authors suggest that these are due to faulty reinforcement schedules applied during childhood, and go on to suggest that much of the psychotic behaviour seen in chronic patients is in fact due to faulty reinforcement schedules applied in hospital. The latter point is well documented, and almost certainly has much truth in it; furthermore, there is much evidence (as in the work of Ayllon and Azrin on 'Token Economies') that the process of psychotic deterioration in hospital can be reversed by instituting suitable schedules of reinforcement. The former point however is almost empty of content; the particular patterns of reinforcement supposed to give rise to schizophrenic disorders are not described in sufficient detail to make experimental testing possible, and the well-known genetic aspects of schizophrenia are left out of account altogether. Thus the book has weaknesses as well as strength, but the existence of the former should not lead one to underrate the importance of the latter. Conditioning theories will play an ever increasing role in theoretical and applied psychiatry, and it is important to know what these theories are, and what applications they lead to. There is of course