

The Unquiet Mind. By WILLIAM SARGANT. London: Heinemann. 1957. Reprinted for private distribution by the author. 1984. Pp 286. Gratis to members and associates of the Royal College of Psychiatrists.

A few months ago most readers of this *Journal* received an unexpected small parcel. This contained a small book in the bright yellow colour of the College publications together with a letter from Dr Sargent explaining that he had decided to circulate his autobiography privately to college members. The book is not a recent one; it was published eighteen years ago and was reviewed in the pages of this *Journal* in 1968 by the late Ian Skottowe.

How does the man and his message look after a lapse of eighteen years? In his autobiography we follow him from Hanwell Hospital (now St Barnards) in Middlesex in the 1930's, "a dead end, full of terrible suffering for which I could do nothing", to the general practice in Nottingham where he discovered that "an ounce of phenobarbitone may be worth more than a hundred weight of persuasive talk" to the Maudsley Hospital, where "to distinguish it from ordinary mental hospitals, we improvised special formalities, such as recording very lengthy case histories for every admission". From these he goes to America, dines with Roosevelt at the White House, and returns to England to take charge of the Department of Psychological Medicine at St Thomas's Hospital in London, where he remains until his retirement.

He writes well about his life but it is his philosophy of psychiatric practice that will be of most interest to readers of this *Journal*. His main message is one that has long been known to psychiatrists. It is that the value of physical treatments in psychiatry has not been fully appreciated in clinical practice and that such treatments should be used more widely and energetically than at present. Sargent himself has exemplified this in promoting new uses for existing physical treatments, including continuous narcosis for resistant affective disorders, the championing of combined anti-depressant treatment at a time when there were many adverse reports of combination therapy in the literature, and for advocating phenothiazines in the treatment of anorexia nervosa. I suspect that most psychiatrists (and even Sargent himself) after reading this message will now find it a little dated. Sargent's strictures on the under use of physical treatments were amply justified in the 1940's when he wrote the first volume of his well known book on physical treatments in psychiatry with Eliot Slater,

still worth reinforcing in the 1950's but by 1967, when *The Unquiet Mind* was first published, we had moved into an era in which some physical treatments, particularly drug therapy, were being over used. Sargent's campaign had been too effective. Like Churchill in 1945 he had won the battle but the electorate judged it was time for a change.

Sargent's second message is concerned more with the style of psychiatry. He exhorts us to spend more time treating patients instead of foraging at the outskirts, sitting on committees, delegating responsibilities to junior staff, and desperately thinking up other activities that enable them to avoid actual clinical contact. Sargent is right in pointing out the paradox that clinical psychiatrists are rewarded for their skills by being promoted to positions where they no longer have clinical experience. His criticisms of 1967 carry even greater weight today. Clare and Williams have shown that the present day psychiatrist sees substantially fewer patients than his predecessor of ten years ago and there is a substantial number whose contact with real patients is so ephemeral that their clinical skills become dormant, if not atrophied.

Whatever criticisms one can make of Sargent's approach there is no doubt that he makes clinical psychiatry challenging and interesting; he shows that treating patients yields more rewards than punishment and he is right to question the judgement of those who plan psychiatric care without ever treating it directly.

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Problems, Tasks and Outcomes: The Evaluation of Task-Centred Casework in Three Settings. By E.

MATILDA GOLDBERG, JANE GIBBONS and IAN SINCLAIR. Hemel Hempstead, Herts: George Allen & Unwin. 1985. Pp 274. £20.00.

For something like two decades Tilda Goldberg and her colleagues have been examining aspects of social work in a variety of settings. They have recently turned their attention to that method of social work known as task-centred casework, originally developed in the USA. Task-centred and other forms of brief intervention have been developed in order to "concentrate the mind wonderfully" on the part of worker and client. Such development was essential if social work was to be capable of evaluation as an effective method of intervention instead of consisting of a multitude of non-identifiable aims such as 'support' and 'the