

by the "special" or clinical chapters of the book. Earlier in the text Redlich and Freedman state: "To pay attention to a sighing inspiration or the imperceptible clenching of a fist may be as important as the observations of the great symptoms that intrigued Charcot and Emil Kraepelin" (p. 211). Nonetheless, most of the material follows a standard pattern, and a place is found for most of the basic clinical data. The chapters on the "organic" disorders are reasonably full, though comparison with a classical text like Bumke's *Lehrbuch der Geisteskrankheiten* exposes some attenuation, especially of neuropathological detail. On the other hand, the authors incorporate most of the impressive modern American work on such topics as alcoholism, addiction, sexual psychology, sleep-research, psychopharmacology and ageing. Of the two chapters on the functional psychoses the one on schizophrenia is the more satisfactory. After full reviews of the modern biological and psychological literature as well as an account of the clinical phenomena it reaches two familiar conclusions: "... no satisfactory general aetiological explanation exists at present" (p. 506); and "Among predisposing causes, our best leads lie in the field of genetics..." (p. 506).

The least convincing chapters are those dealing with conditions regarded by Redlich and Freedman as primarily psychogenic. Thus, the psychosomatic diseases, "... in which psychogenic factors play a decisive but variable role" (p. 265), form a rag-bag of conditions, including diabetes mellitus, infertility, angina pectoris and the common cold. The evidence presented hardly justifies the high hopes raised by the American version of psychosomatic medicine. In their chapter on "Neurotic Behaviour" the authors, having declared themselves dissatisfied with other forms of classification, fuse the psychoneurotic and personality disorders and employ a nosological schema of their own: anxiety reactions and phobias, hysterical behaviour, hypochondriacal behaviour, obsessive behaviour, aggressive behaviour, self-destructive behaviour, passive behaviour, inadequate and infantile behaviour, impulsive behaviour, deviant sexual behaviour, sociopathic behaviour and the traumatic neuroses. There is no obvious justification for these

groupings, each of which is described rather sketchily and is heavily loaded with psychodynamic terminology. Further, neurotic depressive reactions are removed altogether to a brief sub-section in the chapter on manic and depressive behaviour disorders. In consequence, there is virtually no mention of the close and complex links between the clinical phenomena of anxiety and depression. Redlich and Freedman substitute the term "sociopathic behaviour" for "psychopathic personality" (p. 392), but in the process they lose many of the rich clinical pickings associated with the latter term. Future editions could with benefit expand on several topics which are poorly served or omitted: among them are depersonalization, porphyria, phantom-limb, lithium, borderline-states and the association between phobias and obsessional reactions. Also, a book concerned with "behaviour disorders" might be expected to devote more space to modern developments in "behaviour therapy".

All in all, however, this volume can be welcomed as the American textbook which does most justice to the complexity of its subject-matter. Its academic merits can be best appreciated by comparison with the available alternatives from the United States. Its foundations should be strong enough to withstand buffeting from the winds of change in American psychiatric opinion over the years. Its perspective can be expected to change if the authors hold to their opinion that "... the psychiatrist's theoretical allegiance will determine to a considerable extent what he is looking for and what he finds" (p. 202). As long as this remains true, the prospects for reconciling theory and practice are unlikely to improve.

MICHAEL SHEPHERD.

**Psychiatric Illness in General Practice.** By MICHAEL SHEPHERD, BRIAN COOPER, A. C. BROWN and G. W. KALTON. London: Oxford University Press. 1966. Pp. 220. Price 45s.

Since the Second World War, and the inception of the National Health Service, increasing attention has been focused on the proposition that the overall psychiatric morbid-

ity in the community is not adequately reflected in hospital in-patient and out-patient statistics. General practitioners and psychiatrists alike have admitted, sometimes reluctantly, that the majority of people who suffer from psychiatric disorders do not get referred to psychiatrists. Most of those who seek medical advice are seen only by family doctors. Whether or not their illness is recognized and treated appropriately depends upon many variables concerning the patient, the doctor, and the symptoms.

With the relative decline of acute and infectious illnesses, the common emotional disorders have emerged as a major problem of contemporary medical care. They present formidable nosographic difficulties. Their aetiology, phenomenology and natural history are largely uncharted, and they may be difficult to treat by traditional methods. Not surprisingly, estimates of prevalence of these disorders have varied widely with differing criteria of illness, methods of study, and ecological conditions.

The first problem in this challenging field of clinical and social psychiatry is that of finding reliable and communicable indices of the amount and nature of recognized psychiatric illness in general medical practice. A second and related subject of study is concerned with the factors influencing general practitioners in identifying and treating psychiatric disorders. These are the questions which Dr. Shepherd and his associates at the Institute of Psychiatry set out to elucidate. Their progress has been marked by a number of interesting papers which have appeared in the medical press since 1960. The present volume offers a detailed description of the programme of research and of most of the results so far available.

The investigation is concerned with a 12.5 per cent. sample of the population on the lists of 46 general practices (80 doctors) in Greater London. Children under 15 years were excluded. The practices, which were of varying sizes, were situated in areas having a wide range of socio-economic characteristics. The sample population of 14,697 persons at risk appeared to be representative of the population of London with respect to the important demographic and social variables. During the twelve months (1961-62) covered by the survey, the

period prevalence rate for diagnosed formal psychiatric illness was 102 per 1,000 persons at risk. Adding consulting rates for the identified emotional disorders associated with physical symptoms or disease, and for psychosocial problems, the total psychiatric morbidity rate amounted to 140 per 1,000 (98 for males and 175 for females). The inception rate was 52 per 1,000 at risk; over half the cases seen were classed as chronic (having a continuous duration of over one year). Age-specific prevalence rates were highest in the middle years (25-64) for females, whilst for males they were similar in all age-groups over 25 years. Inception rates reached their peak, in both sexes, between the ages of 25 and 45. Nearly two-thirds of those diagnosed as suffering from formal psychiatric illness were classified as neurotic, and the psychoses accounted for less than five per cent. There was considerable inter-practice variation in consulting rates, the range extending from 38 to 323 per 1,000 at risk. This variation was related to two main sources: differences in prevalence for contrasting types of population, and inconsistencies in methods of case identification. Diagnostic habits, attitudes and orientations of 75 of the participating doctors were assessed from a questionnaire specially designed for the purpose.

This bald citation of some of the main themes does scant justice to the authors' lucid and penetrating exploration of the type and extent of psychiatric morbidity in general practice and of the factors associated with its recognition. Together with the findings of the pilot study, and those of the supplementary enquiries into the duration and outcome of illnesses of recent onset and into the characteristics of people who seldom consult a doctor, the results provide valuable information about the spectrum of mental and emotional disturbances which remain hidden from psychiatrists.

Aside from the inherent significance of its subject and material, the book is immensely valuable as a documentation of the strategy and tactics of epidemiological method. It sets out clearly the stages of development of the project; the design is impeccable, and the attention to detail meticulous. Only one omission is evident to the reviewer. Eighty general practitioners

—most of whom had not professed a keen interest in psychiatry—collaborated closely with a social psychiatric research team over a twelve-month period. It would be of interest to know about the impact of this experience on the general practitioners themselves. Have they become more sensitive than previously to the signs of emotional disorder? Do they feel more optimistic in their therapeutic efforts? And (especially important for research workers who may now wish to use similar methods in surveys elsewhere) would they recommend their colleagues to participate in an extension of this sort of work?

The authors discuss some of the implications of the estimate that during the survey year about one person in seven consulted his doctor at least once with symptoms which were recognized as manifestations of psychiatric disorder, whilst other evidence suggests that only about one person in ten identified as suffering from psychiatric disorder is referred to a psychiatrist. They argue that in plans for the future of the medical services the logical development should incorporate a strengthening of the family doctor in his therapeutic role rather than a large elaboration of psychiatric agencies. There are compelling reasons why this should be so; but the required re-orientations in our medical schools and teaching hospitals and in the attitudes of our medical administrators will call for continuing thoughtful and realistic appraisal of the current medico-social situation. The present investigation provides a model for assembling one kind of evidence which will contribute to such an appraisal, and it should be studied by all psychiatrists and others concerned with the medical services who have an eye to the future. This is an important book.

R. H. CAWLEY.

**Las neurosis como enfermedades del ánimo.** (Neuroses as mood disorders). By J. J. LÓPEZ IBOR. Madrid: Editorial Gredos. 1966. Pp. 693. No price stated.

J. J. López Ibor, Professor of Psychiatry in Madrid, has a two-fold justification for adding to the already massive literature on neurosis. He summarizes and evaluates previous theories—a major undertaking—

and also presents his own, considerably at variance with the others.

His conclusion, drawn from fine phenomenological descriptions and clinical observations rather than from quantitative information, is that the core of neurosis is a mood disturbance, i.e. anxiety, and this is more frequently endogenous than psychogenic. A strict parallel can be drawn in the use of these terms with that customary in depression. That neurosis frequently has an endogenous, somatic, origin is an unusual view. It is based on: the regular finding of anxiety in neurosis; the phasic course, common to mood disorders; frequent independence from psychological conflict; and finally, the free substitution of endogenous depression for anxiety in different phases of the same illness. López Ibor goes further; phobias and obsessions, conversion symptoms, and psychosomatic manifestations are clinical equivalents, and all arise from the same source, pathological anxiety.

The division of neuroses can only be a typology, with ill-defined lines of separation between the type, and not a classification in the narrow sense. Anxiety neurosis and neurotic depression are not described as types; instead, anxiety and sadness are given extensive treatment in the general symptomatology. There are many, very full phenomenological descriptions of anxiety and other related moods (fear, worry, fatigue, vertigo and nausea) as subjective experiences, and an extensive account of those somatic manifestations in the cardiac, respiratory, digestive and other areas which give expression to the "embodiment" of anxiety.

If rituals are prevented, anxiety may appear in obsessional patients, but on the whole they are surprisingly devoid of emotion. This is not the case in phobic states, where the relation between anxiety and symptom is clear. The difference is attributed to the effectiveness of the obsessional defences in warding off anxiety.

About hysteria, today limited to the conversion reaction and the hysterical personality, the author emphasizes the importance of anxiety in the genesis of symptoms, but this is qualified by the statement that "it would be as inaccurate to reduce hysteria to a mood disturbance as it would be to limit it to suggestion or a psychic trauma." His concern is that the affective factor should not be ignored. In the analysis of hysterical manifestations he separates the initial symptoms from their subsequent elaboration (neurotic development); only the former are dependent on the disturbed mood.

Psychosomatic disorders are firmly placed among the neuroses, against the current tendency to give them a class of their own. It is here that López Ibor gives a hint about the localization of the mood dis-