respects the book is up to date: the bibliography contains many papers published in 1974, computer-assisted tomography receives frequent mention, and the stiff-man syndrome has become the stiff-person syndrome.

R. N. HERRINGTON

THE FUTURE OF PSYCHIATRY?

The Future of Psychiatry. By H. J. EYSENCK. London: Methuen & Co Ltd. 1975. Price 65p.

In this short pamphlet, the author joins in the current argument about the status and work of clinical psychologists, but in a way which is unlikely to further their cause. He suggests that since psychiatry cannot be exactly defined, it should be split into two parts, organic and behavioural, 'which have nothing very much to do with each other'. Professor Eysenck then complains that psychiatrists are preoccupied with the 'medical model' and advises them to steer clear of behavioural problems such as those found in the neuroses and the forensic field. In a chapter with the misleading title of 'The Cost-effectiveness of Psychiatric Treatment', he suggests that behaviour therapy by clinical psychologists is cheaper and more effective than psychoanalytic psychotherapy. The author then finishes in a curiously defensive attitude, supporting behaviour therapy against the criticisms of both psychoanalysts and anti-psychiatrists. To comment briefly upon these main points: of course 'psychiatry' cannot be exactly defined, but neither can 'psychology' nor 'medicine' or any of these abstract concepts we use to indicate overlapping and closely-related disciplines. To suggest that 'the medical model' and clear distinctions between organic and behavioural divisions of psychiatric practice are important practical issues is simply to display an ignorance of what most psychiatrists actually do in their daily work. Most doctors, and particularly psychiatrists, are puzzled by the often quoted but rarely defined 'medical model', largely because they are aware of a whole variety of 'models' needed to help their thinking and problem solving. Some of these are biochemical, some behavioural and social, some pathological, but there is no one special 'medical model', except, apparently, in the minds of non-medical colleagues.

To imply that psychiatric treatment equals psychoanalytic psychotherapy, as Professor Eysenck does in the chapter on cost-effectiveness, is simply misleading, and from one of his experience and knowledge is bordering on the disingenuous. A large proportion of general psychiatrists in this country can probably get through a busy week without giving much thought to either psychoanalytic psychotherapy or to behaviour therapy, so they are unlikely to be stimulated by this sort of argument. The present and future relationship between clinical psychologists and psychiatrists is an important topic which deserves something better than resurrection of well-worn polemic. The first stage in a constructive approach to the current debate should be for members of each discipline to learn what the others actually do now, and what they would like to do in the future, given better facilities and resources. Psychiatrists and clinical psychologists are usually surprisingly ignorant about the beliefs, education and responsibilities of each other, and this ignorance needs to be removed by open-minded co-operation and sharing of views, preferably during everyday clinical work.

Psychiatry is many things, but above all it is a branch of medicine in which the psychiatrist has roles and responsibilities decided for him by society, not all of which are welcome. As our knowledge and techniques increase and improve, psychiatry is bound to expand and sub-divide, but professional divisions need to be determined by changes in daily work and responsibilities rather than by the repetition of over-simplified theoretical arguments.

J. E. COOPER

READING LIST IN PSYCHIATRY

The Third Edition of the Reading List has been reprinted (June 1976) and is available on request to the Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG. Due to rising printing and paper costs the price has been increased to 30p per copy. Please enclose a cheque or postal order with your request (including the cost of postage) together with a self-addressed envelope. The list measures 270 mm × 215 mm and weighs 50 gm.

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