our insights and our biases. This may explain the book's imbalance. Or perhaps clinical psychiatry and teaching hospital are not the best points from which to view the broad field of subnormality.

T. Fryers

Drugs and human behaviour

by G. S. Claridge

Allen Lane, £2.40 48s

In this producer-consumer society where planned obsolescence is largely an economic necessity and the repair industry is becoming more and more a matter of replacing expensive disposable spare parts, there is fortunately an exception to this general rule. Just outside the boundaries of existing knowledge, a number of imaginative and dedicated people are exploring the ways the disordered human mind can best be mended. Dr. Claridge here gives us a lucid account of how this search is proceeding, although at first he writes rather shyly and with a liberal sprinkling of exclamation marks. He describes numbers of ingenuous experiments, many repeatable by those with no laboratory facilities, and the book is dotted with little bits of fascinating information, such as how an architect designing a mental hospital determined, by taking L.S.D., what kind of environment is most likely to disturb a schizophrenic.

Perhaps one of the author's most interesting suggestions is that schizophrenia is a personality disorder, and he goes on to state that the early and late phases of schizophrenia are probably quite different conditions. If the parallel is sustained this would explain the change that comes over a longstanding psychopath.

A number of inferences can be drawn from this book, including the possibility that patients receiving psychotropic drugs in a hospital ward may react in a different way when treated outside hospital and away from the group. Another is that the stress which leads such enormous numbers of people to take tranquillizers is caused, in the main, not by anxiety but by boredom. Both these propositions need to be tested.

H. Dale Beckett

Treatment or diagnosis

A study of repeat prescriptions in general practice

by Michael Balint et alia

Tavistock, £2.75 55s

This latest horse from the Balint stable is once again a front-runner, opening up exciting prospects for future research.

The title itself indicates the discovery that repeat prescriptions, which are a substantial part of the general practice scene, are not what they appear. Superficially they must be a measure of chronic illness, but it emerges that they are more a disguise for a collusive doctor-patient relationship where

patients suffer from an unfavourable balance between gratifications and frustrations in life. This appears to be a product of poor tolerance of real proximity and intimacy; perhaps because the latter brings those concerned more frustration than satisfaction. This means, in terms of the collusion, that the doctor often knows very little about the patient. Repeat prescriptions are existential diagnoses, hardly treatment at all.

The form of the research is a happy marriage between a statistical approach and an enquiry in as much depth as the collusive pattern allows. The picture is immediately recognisable by a fellow general practitioner, though it might seem an alien creature to a specialist.

It is remarkable how few of the repeated prescriptions are for such things as insulin and digitalis, while psychotropic drugs are common. The preparations dispensed are usually pharmacologically active, but when taken over a period of years their efficacy in pharmacological terms must be suspect, and this raises some awkward questions for specialist medicine too. Is longterm phenothiazine treatment in schizophrenics effective because of the chemical action, or because of the doctor-patient relationship with the prescriber?

I can think of many patients who come regularly to collect a prescription and who present a classical 'scenario' during the consultation, or alternatively default because of side-effects which do not appear in any textbook of therapeutics. We will do well to remember that a diagnostic label is not synonymous with a diagnosis.

Michael Courtenay

City of Birmingham Education Committee

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