general practitioners use a classification couched in terms of treatment need, that is to say their diagnosis is in terms of what may be done for the patient—give him a tranquilliser, give him an antidepressant, refer him to a psychiatrist. Diagnostic niceties are restricted to deciding which of these is necessary.

Psychiatrists consider that practitioners should be asking, instead 'What is the condition present? What are its causes? What is the patient's personality?' But when this comes about then all general practitioners will have become psychiatrists; and that may be just as well, because if the Department of Health and Social Security has its way all we psychiatrists are going to be turned into community physicians.

DISCUSSION

Dr A. M. W. Porter

It was a pleasure to listen to Professor Kessel's paper and recognise that here was the authentic voice of a psychiatrist with extensive experience of psychiatry in the general-practice setting. In acknowledging this I raise, by implication, the possibility that the spectrum of experience of psychiatrists and general practitioners may differ.

There is a danger that we may forget the influence of selection on determining the pattern for any one doctor. The psychiatrist should never forget that he sees only a few highly-selected patients and we general practitioners should never forget that we tend to see the less serious cases.

If my first plea is that we bear in mind our varying experience, then may my second plea be that we define our terms and use as few as possible. In the field of affective illnesses the whole subject of classification seems to be in a dreadful muddle and it is no consolation to reflect that this situation has now persisted for more than 40 years. What do we mean by endogenous depression, or reactive, or involutional, or by any of the other terms? I venture to suggest that these terms should not be used until or unless they are clearly defined.

For practical purposes one may equate psychological illnesses in general practice with affective or neurotic illnesses, for psychotic illness is so very rare. Let us call affective illness a disorder of the mood which ordinary folk with a lot of earthy commonsense would regard as outside the limits of the normal.

How do such patients present? Two main groups may be distinguished. The first group consists of our old friends, the familiar faces, who turn up again and again at short intervals or long intervals, for one of the primary characteristics of depressive illnesses in general practice is that they are recurrent and afflict the same patients time and time again. The patient knows what is wrong, you know what is wrong, and circle round each other in a ritual manner. "It's my depression again, doctor." Such statements are issued as a recognition signal in the confident expectation that the response will be sympathy, support and the favoured tablets—and then everyone bides his time until the natural remission occurs.

But there has to be a first time when the patient has not been conditioned to say "I am depressed, doctor." This is a 'doctor phrase' rather than a 'patient phrase' and results from the constant reiterated question "do you feel depressed?" The new patient will present with one or more of a great variety of physical and mental symptoms. It is quite impossible to generalise though patterns may be recognised. The only way we can promptly identify such patients is by cultivating a constant vigilance and by a high index of suspicion.

Professor O. L. Wade

Professor Kessel, could I just ask you two points? Firstly, I always find myself in some difficulties when I discuss the prescribing of psychotropic drugs, because it seems to me that there are many patients who receive psychotropic drugs who do not need them and some patients who need them that do not receive them.

For example, some patients who are depressed do not get recognised as such and do not get properly treated. This I think is a major problem. On the other hand it is my impression that a lot of patients with *dis-ease*, get labelled as suffering from disease. It is really this group of patients I am concerned about. Doctors in general practice may be prescribing far too many drugs for these patients. Is the increase in demand related to any change in the incidence of illness? Is there more psychiatric illness, or are we just better at recognising it, or are we over-recognising it?

Professor N. Kessel

I would just like to say that the role of the doctor, as seen by the patient, is changing. It is changing more rapidly than the role of the doctor, as seen by the doctor. This is why doctors are reluctant to expand their wherewithal of treatment outside that which they were taught.

Professor P. C. Elmes

Could we ask Professor Kessel whether he has any alternative to the writing of a prescription, because I took it that he suggests it is the best solution?

Professor N. Kessel

Of course I do not think that the right course is to write a prescription, but I do under certain circumstances. Either you decide to embark on a psychological approach to the patient, or, if not, you are as well prescribing something symptomatically.

You should not fall between these stools. The whole of the National Health Service would crack up overnight if a thoroughly effective treatment for neurosis was developed that took a lot of time. General practice can only continue on the basis that treatment time cannot be shown to be effective, because if it were, general practice would fall down. It is part of the Department of Health's double standard—go to your doctor with everything—but doctors have not got time to treat you.

You cannot get away from these horological facts, they cannot be disputed. The only alternative is a symptomatic approach, and if it is going to be symptomatic it might just as well be pills or liniment. Time is the only alternative solution—it is either pills, symptomatic treatment and sweep the problems under the carpet, or more time. But time costs money, and if the Department of Health wishes to save money on pills, it is easy—they just provide more personnel. I have a suspicion it will cost them much more money.