

tice library, it is available from the Queen's Nursing Institute.

R. V. H. JONES

**PSYCHIATRIC ILLNESS.
3RD EDITION**

Harold Merskey

Ballière Tindall
London (1980)

434 pages. Price £7.50

An important textbook of psychiatry, such as this, has to be used bearing in mind the aims of its authors. Unlike most textbooks on this subject it starts with clinical situations, or with symptoms, and discusses diagnosis and management after defining the problem. It suggests treatment through understanding the complaint, the patient, and, equally important, the practitioner.

The effect on the doctor of psychiatric illness in patients is considered in

all aspects of diagnosis and treatment. In consequence, the text offers a refreshing approach for those who wish to stimulate and improve their practice of psychiatry in family medicine. It serves too as an interesting reference book on a wide selection of specific areas in psychological medicine.

No book can be all things to all men. The principal weakness of this book lies in the attempt by the author to include a conventional textbook approach to the subject. For example, a casual glance in the index at depression will leave the reader with a considerable number of page references. Unless the ethos of the book is appreciated, following up these references will give a disjointed view of the subject, which might well be misunderstood in consequence.

The authors' intention of teaching psychiatry in the context of patients that doctors meet in clinical practice obviously makes the book useful to those in vocational training (trainees or trainers) and to doctors whose tech-

niques of self-audit are open to improvement.

The book is not suitable as the only textbook of psychiatry on a doctor's bookshelf. In places it is unreasonably opinionated and there are omissions of fact and detail. Certain subjects are treated with seemingly biased emphasis.

The new section on children and adolescents is rather superficial and has not been presented in quite the same perspective as the original text, and the chapter on old age needs considerable expansion.

This is the third edition of a book which was originally written in 1965 by Professor Merskey with the late Dr Lawton Tonge, who died in 1976. Some of the theories of psychiatry which are given continued credence suggest that the revision could be more thorough. The pronoun 'we', apart from being sadly inappropriate, should be eliminated to improve the readability of the text.

CLIVE FROGGATT

REPORTS

The Regulations for vocational training

THE passage earlier this year of the final legal stages of the National Health Service (Vocational Training) Regulations has set the scene for a unique occasion: the implementation next February of a statute remarkable both for its special provisions and for the very wide scope of its application. For the first time in the history of general practice in the United Kingdom, entry to our branch of the profession is to be regulated by reference to special postgraduate educational criteria, and all doctors applying to become principals in NHS general medical practice, whether single-handed or in partnership, will first have to show either that they have undertaken the requisite preparation or that they are exempt from the provisions of the Regulations.

To take the exemptions first. Doctors who are already principals on the appointed day—16 February 1981—will remain exempt should they subsequently resign and then wish to return. A doctor previously on the medical list of a family practitioner committee (or of its predecessor, the executive council) will also have protected status, but only up to 15 February 1990. If return to general medical practice as a principal is further postponed, then the requirements of the Regulations will have to be satisfied. Doctors in the Armed Services

engaged in duties comparable to general medical practice will also be exempt.

The Regulations will not apply in the case of those wanting to give only restricted services, such as contraception and maternity. However, if a doctor wishes to give unrestricted services (albeit to a limited list, for example as part of a student health service) then he will have to comply with the Regulations.

The Regulations stipulate or 'prescribe' the medical experience to be acquired before an application for principalship may be considered by the Medical Practices Committee. Because the Regulations are being implemented in two stages, the definition of prescribed experience depends on whether one is considering the period up to August 1982 or afterwards. Between 16 February 1981 and 15 August 1982 prescribed experience will consist merely of 12 months as a full-time trainee general practitioner (or two years if the training is undertaken half time). From 16 August 1982 onwards prescribed experience will be taken to mean three years' training: one year at least must be spent as a trainee general practitioner; another year at least must be spent in no fewer than two hospital appointments occupied for at least six months each in specialties drawn from a restricted list (accident and emergency medicine, or general surgery; general medicine; geriatric medicine;

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