
In previous centuries medical practice reflected largely cultural ideas and beliefs. However, in the last one hundred years, medicine has been one of the greatest beneficiaries of the scientific revolution. Of course, there are exceptions, and medicine remains more influenced by fashions than we care to think. Nevertheless, in Peter Medawar's words, the scientific revolution in medicine remains one of man's greatest, sustained endeavours.

There is a further exception. Poor old psychiatry seems to continue to twist and turn in the winds of fads and fashions. Although this will continue to please medical historians and historians of ideas, it is often disturbing to those more directly involved. New theories come and go, promising much, and usually delivering little. One reason, sadly, is that psychiatry still lacks the bedrock of empirical data that underpins clinical neurology (albeit only in this century). However, David Healy claims things are changing, and usher's in a new revolution, promising yet another dramatic shift in our conceptions of mental disease.

For a start, out of the window goes mental disease. Psychiatry is a brain disease, whilst it has been over a century since anyone believes that neurosis is an organic disease of nerves. Instead, modern theories suggest that neurosis is more related to faulty learning and bad habits. As such it merely reflects normal mental processes, with no biological disturbance, and so cannot be considered a disease at all. Thus, according to Healy, exeat mental disease.

Paradoxes and ironies abound, since, sadly, psychiatry leaves us much to be ironic about. The flights of fancy of psychoanalysis have provided many better minds than Healy's with ammunition, and he does not miss his target. He also assails the occasionally excessive claims of biological psychiatry with equal vigour, arguing that even if schizophrenia is a brain disease, it affects people with normal emotions and thinking, still capable of reasoning and feeling. Unfortunately, Healy is not only tilting at windmills, since most psychiatrists have little difficulty in redefining the need to use physical treatments with psychological treatments. It may be intellectually inconsistent, but it works.

Healy occasionally misses the windmill altogether, since his argument concerning the nature of psychosis is based on the premise that psychotics are capable of normal reasoning about abnormal experiences, or that they reason more abnormally than the rest of us. His arguments about psychosis, drawing on the unreported work of Mahler, have been shown to be incorrect, since psychotic patients do not think or reason as we do. Similarly, his claim that neuroleptics are effective merely because they induce a feeling of well-being is surprising—since if that were the case, benzodiazepines would be even more effective antipsychotic agents. Many of Healy's broad sweeps are weakened by oversimplification; his treatment of detail. First rank symptoms are not established as frontal lobe phenomena; the Kandinsky of pseudo hallucinations was Viktor the psychiatrist, not Vasily the painter; paranoia has never been shown to be unresponsive to neuroleptics (no sound trials of anything have been done); schizophrenia secondary to organic causes is not immediately distinguishable from the so-called "functional" disorders. When was it shown that chronic psychotics are deluded only when talking to hospital staff?

The history of psychiatry is indeed replete with examples of psychological reasoning about disease which turn out to be fallacious. Psychiatrists should be the professionals most interested in the patient's own descriptions of feeling, experiences and motives, and yet so often we are prone to be cleverer than them, and so end up looking foolish.

Psychiatry needs writers like Healy, to puncture pretension and bombast. However, in asking us to be neither mindless nor brainless, Healy is articulating a message that should be heeded not only by psychiatrists, but by the entire medical profession.

SIMON WESSELY


During the 10 years that have elapsed since the first edition of this book was published much new knowledge and understanding has accrued regarding the nervous control of micturition. This book represents an attempt to assimilate this new knowledge into an up-to-date text, and the third edition has been extensively revised. The editor, with the help of many contributors, has attempted to provide a comprehensive and up-to-date account of the nervous control of micturition. The book is divided into three parts: the first part provides an introduction to the nervous control of micturition; the second part deals with the clinical presentation and evaluation, and methods of treatment, both medical and surgical; and the special problem of myelodysplasia with hydrocephalus. The third part of the book (Chapters 19-25) is concerned with "neurogenic vesico-urethral dysfunction."