BOOK REVIEWS

PSYCHODIETETICS

E. Cheraskin and Wm. Ringsdorf, Jr., Stein and Day, New York, Scarborough House, Briarcliff Manor, N.Y. 10510, 1974, 227 pp.

Over 2,000 years ago, Hippocrates wrote, "It appears to me necessary to every physician to be skilled in nature, and to strive to know, if he would wish to perform his duties, what man is in relation to the articles of food and drink and to his other occupations, and what are the effects of each of them to every one."

Why, then, is the medical profession so unaware of the relationship of man to his physical environment? Because our medical schools have been on a massive scale derelict in their teaching program. They have assumed that malnutrition is a problem for underdeveloped countries whereas it is pandemic even in the most advanced countries. For this reason physicians and others must find nutritional information in other sources. Fortunately scientists such as Cheraskin and Ringsdorf have not been derelict in their responsibilities to medicine. They have issued a number of excellent books of which Psychodietetics is the latest.

In this book they emphasize the importance of the host in relation to the environment. They take into account man's two environments, (a) the psycho- social one—the only one taken into account by psychiatrists, psychologists, and sociologists, (b) the physicochemical environment. This book discusses primarily man's relation to the chemical environment—our food.

The major importance of good nutrition is discussed with ample reference to a growing literature. An optimal diet is described. This is what I call the junk-free diet. It is a diet which avoids all foods containing sucrose (usually added sugar, refined cereal products, and refined fats.) It is the diet man had adapted to before the food manufacturers invaded the field.

The many common diets for reducing are dismissed, and the dangers of deficient diets (in calories and essential nutrients) are described. On the optimal diet weight loss is slow but steady. This has an additional advantage—optimum health requires a permanent change in life pattern.

When any person believes he need only diet until his weight has gone down enough, it will promptly rise as soon as the diet is given up. A program of good nutrition requires so much time to achieve weight loss that when it has been achieved that person is more apt to keep the same pattern forever. It takes months and years to give up poor eating habits and to stabilize on good eating habits.

The powerful therapeutic effect of optimum nutrition and of megavitamin

therapy on alcoholics, schizophrenics, children with learning and behavioral disorders is described.

Finally some evidence for the pernicious effect of fluorescent light, excessive background noise, infrasound and air pollution is given. This is a well-written book and an excellent introduction to Orthomolecular psychiatry. Add it to your library.

THE MIRACLE OF SHOCK TREATMENT

Robert E. Peck, Exposition Press, Jericho, N.Y., 1974. 78 pp.

Electroconvulsive therapy (ECT), commonly but erroneously called shock therapy, is one of our most reliable treatments. When used skillfully, as every therapy should be, it is as safe as the antidepressants and tranquilizers. No one can commit suicide by ECT. Why then should it have been necessary for a book to be written over 35 years after Corletti and Bini introduced it to psychiatry?

Dr. Robert E. Peck believes that the current hysteria promoted by a few psychologically oriented psychiatrists is due to the massive ignorance of psychiatrists and others about shock, and in this brief book he assumes the task of dispelling some of their ignorance. He has presented a good brief in favor of ECT, but unfortunately the critics of ECT will not read it and those who do will not believe it. I suggest that patients who might benefit from ECT (some depressions, manics, and schizophrenics) might do well to read this book, reassure themselves of the advantages of ECT, and then ask their psychiatrist also to read it. They might give up their analytic hour and allow their psychotherapist that time to read it so it can be discussed intelligently.

Orthomolecular psychiatrists probably give ECT to less than 7 percent of their patients. We have seen a large number of patients restored to health by the judicious use of ECT who would undoubtedly still be very sick chronic patients, a burden to themselves and to their families. I believe that any psychiatrist who deprives patients who have not responded to chemotherapy is also denying them their chance for recovery. Fortunately the use of Orthomolecular therapy does reduce the number of patients who require ECT and minimizes the memory loss in those who must have it to recover.

The vast majority of patients will accept ECT when it is explained to them as an essential part of their treatment. Perhaps each year I give ECT to one patient who is too paranoid to understand why it is needed, but does agree when he realizes the alternative is committal to a mental hospital. After treatment these patients were grateful for their recovery. But compulsion may be essential to save a patient's life and should be used if no other treatment works.

The word shock is incorrect since the patient suffers no pain and is not in medical shock. It is better not used as it conjures up fantasies of patients being whipped, flogged, thrown into freezing water, and so on. There are even some psychological theories of how ECT works, based upon these punishment analogies.

Please read this book for it may help you save your health if not your life (from suicide), and that of your relative or friend.

MODELS OF MADNESS, MODELS OF MEDICINE

M. Siegler and H. Osmond, Macmillan Publishing Company, Inc., New York, 1974

Patients who consult their family doctor or obstetrician, or anyone of the non-psychiatric specialists, seldom leave their offices confused. In most cases they know they have or are reassured they do not have an illness, a disease which has a name and which can be treated. The fact that treatment may be only partially successful does not alter the facts of their

illness. In startling contrast patients leave their psychiatrist's office confused and often resentful, and they do not know whether their pain, depression, nervousness, or even voices are due to an illness, or due to some defect in their personality, or to some defect in their environment. They do not know whether they should fight against an illness, or whether they should fight their parents, their spouses, or their society for having made them ill. Why should this be?

To get the answer read this fascinating book by Siegler and Osmond. For the first time the way physicians view their relationship to their patients, the frame of thought within which they work are examined in a careful and scientific way. The model is a way of studying these important aspects of the relationship of patient to doctor.

Siegler and Osmond discovered that by using a dozen parameters or descriptions of aspects of models, they could clearly distinguish and compare a variety of models. I will not describe the parameters or the models as this is done by the authors. I assume many readers of this Journal will read this essential book. But it is important to note their division of the various models into two main groups, the discontinuous models which include the medical model, and a number of continuous models which include the analytical, family interaction, psychedelic model of Laing and the conspiratorial model of Szasz. I prefer to label all the continuous models as the paranoid or scapegoat models.

The medical model is the most humane and efficient model and is the one most patients demand, but it may be subdivided into clinical, public health, and scientific submodels. This can also create a good deal of confusion in patients. Point by point it is shown how the medical model is as good as or in most parameters better than the other models.

Patients in the medical model are afforded the sick role by the doctor. This is a life-saving invention of man. For example, Vilhjalmur Stefansson in his book, **My Life with Eskimos,** describes a cook on the vessel **Midnight Sun** who had been ill for a few days and had been abused and maligned by everybody because he was supposed to have been playing sick on account of being too lazy to do his own work. Nobody thought that there was anything seriously the matter with him until one evening he quietly died.

The continuous models offer the person in trouble (there are no patients in these roles) the psych role. The consequences to the person afforded this role are described.

Many promoters of the continuous models, e.g., Laing who promotes the psychedelic model or Szasz who promotes the conspiratorial role, seem halfhearted about this. It appears to be a game they play. Were they serious about these games they would surrender their qualifications in psychiatry, destroy their license to practice, and devote themselves fully to being either a guru for anyone wishing enlightenment by means of schizophrenia, or a community detective to unearth the conspiracies which have been used to drive people to behave in insane ways. But neither Laing or Szasz or their followers have deprived themselves of the benefits society has bestowed upon them by virtue of their M.D. There is an element of insincerity in their postures.

Non-doctors who practice medicine are often adept in applying the medical model. They are frowned upon as quacks which is the vilest epithet any physician can use against another. However, recently a respected physician in cancer research, while decrying the fact of quacks, advised doctors to study their art and to apply it themselves, in other words to use the medical model. In all fairness we should also have an epithet for physicians who do not use the medical model. Quarks seems a fitting term. A quark is any physician who does not use the medical model. Unfortunately too many psychiatrists are quarks.

Here are a few reasons patients, their families, and doctors should read this

book: (1) It is a very readable, exciting, and dramatic book which will clarify the muddles caused by the many models used. (2) It will allow patients to determine whether they are given the sick or psych role and whether they are being treated within the medical model. (3) They can then rationally decide whether to seek another physician who will use the medical model. (4)They will be responsible patients and increase the probability of recovery. (5) Doctors will sharpen their skill in playing their medical role. (6) Those not using the medical model will at last be aware why their patients are not responding as well as they should.

This book will probably introduce a new subject into medical curriculae and will help restore clinical medicine to its pre-eminent role in medicine.

AN INTRODUCTION TO PSYCHOPHARMACOLOGY

R.H. Rech and K.E. Moore, Raven Press Books Ltd., New York, 1971

Psychopharmacology is a hybrid discipline arising out of the union of pharmacology and the biochemical aspects of psychiatry. In the short span of 20 years, it has become a vigorous branch of medical science with its volumes, journals, learned societies, and a vast number of trained psychopharma-cologists. As a result it is not surprising that we have books which are introductory courses to Psychopharmacology. This book is an attempt to present a broad outline of the various sciences which may be considered roots of Psychopharmacology, including anatomy, embryology, pharmacology, psychology, and clinical psychiatry. It has succeeded in covering and in referring to the essential aspects of the science, but for only those trained or partially trained. It would be suitable for third-year medical students, for graduate psychologists, for psychiatrists, and for budding psychopharmacologists. As such it is a good introductory volume which I do recommend to professional people who deal with patients. But the psychology is primarily animal or behavioral psychology, but so it happens is the field of experimental Psychopharmacology.

Subjects are covered in a fair manner. For example, the double blind is not presented as the final answer to all human drug testing, as is the case with many other volumes which have been published, and some of the criticisms which have arisen recently against the exclusive dependence upon the double blind are alluded to in this volume. I do have some criticism, however, in the fact that since the double-blind technology is considered such a fundamental premise of Psychopharmacology, more space should have been given to a theoretical discussion of it, both pro and con. The double-blind technique is now so hallowed and sanctified by Governments, by Universities, by editorial committees, and by textbooks that it is time it be given the attention it deserves for it is one of the few methods or techniques in science which is not based upon experiments of any kind. It is entirely a theoretical technique which is supposed to do what people hope it will do, but so far there has been no scientific evidence to suggest that this is the case. Psychopharmacology is, therefore, one of the few branches of medicine where one of its most fundamental methods or techniques is still not validated. It remains unproven and is not anchored in the soil of research data. In this way it is very vulnerable to assault, and this is now growing with increasing frequency and intensity. It is a fad method which hopefully will soon be replaced, or at least downgraded, to become one of the techniques available for clinical testing and not the only one.

However, apart from this mild criticism I do think that this is a valuable book and do recommend it to the readers of this Journal.

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