

### *A different reading list for MRCPsych?*

DEAR SIRs

There is an oft repeated assertion that trainees in psychiatry may gain as much knowledge about human emotions and behaviour from reading works of literature as from reading textbooks. We would also contend that by reading books other than psychiatric books the trainee avoids a narrowness of approach which is a possible sequel to concentrating on textbooks.<sup>1</sup>

To provoke discussion we are preparing a reading list of novels for membership candidates. The scope for such a list is clearly immense and we have accordingly imposed a number of constraints upon ourselves. The list includes only novels and short stories; there is no intention to suggest that we find no merit in works of poetry, the plays of Shakespeare and others, the Bible, the Koran or other outstanding books, merely that we are limiting ourselves to novels.

As trainees might be expected to be approximately three years in training before sitting membership the list is limited to a number of books that trainees may reasonably be expected to read in that time. One book per month seems to be an acceptable target, hence the 36 titles listed. 'Popular' works of fiction are included as we felt that a range of styles was important but also we felt that a psychiatrist will benefit from being *au fait* with the likely values and aspirations of patients.

We also hope that the list includes works which cover a range of human emotions, personal interactions, the workings of organisations and of systems. There is no doubt that the list displays a bias towards white Anglo-Saxon literature, reflecting our own knowledge of literature. We fully expect most, if not all, readers to disagree vehemently with the contents of the list. Those feeling particularly vehement are cordially invited to suggest changes but we would request that if other titles are suggested it is also suggested which titles should be deleted.

There is a danger that people forced to read books suffer from the 'school child syndrome' of hating those books. Hopefully the list is not too 'highbrow' as to be off-putting and will not be taken too seriously. It should only be seen as loosely advisory but there is a serious message that psychiatrists and indeed any doctor would do well to look at books other than textbooks.

J. R. R. TOLKIN: *The Lord of the Rings*  
 SUE TOWNSEND: *The Secret Diary of Adrian Mole aged 13½*  
 JANE AUSTEN: *Pride and Prejudice*  
 MERVYN PEAKE: *Titus Groan*  
 FRANZ KAFKA: *The Castle*  
 ROBERT HEINLEIN: *Stranger in a Strange Land*  
 JOHN FOWLES: *The Collector*  
 UPTON SINCLAIR: *The Jungle*  
 WILLIAM WHARTON: *Birdy*  
 ALISDAIR MACLEAN: *When Eight Bells Toll*  
 JAMES JOYCE: *Finnegan's Wake*  
 EMILY BRONTË: *Wuthering Heights*  
 CHARLES DICKENS: *David Copperfield*  
 MARY SHELLEY: *Frankenstein*

GRAHAM GREENE: *The Heart of the Matter*  
 GUY DE MAUPASSANT: *Selection of Short Stories*  
 W. SOMERSET MAUGHAM: *The Verger and other stories*  
 L. TOLSTOY: *Anna Karenina*  
 THOMAS HARDY: *Jude the Obscure*  
 GEORGE ORWELL: *Animal Farm*  
 D. H. LAWRENCE: *Sons and Lovers*  
 E. M. FORSTER: *A Passage to India*  
 SALMAN RUSHDIE: *Midnight's Children*  
 WALTER GREENWOOD: *Love on the Dole*  
 ALASDAIR GRAY: *Lanark*  
 LEWIS CARROLL: *Alice in Wonderland*  
 WILKIE COLLINS: *The Woman in White*  
 P. G. WODEHOUSE: *Ukridge*  
 F. SCOTT FITZGERALD: *Tender is the Night*  
 P. REAGE: *The story of 'O'*  
 ARTHUR KOESTLER: *Darkness at Noon*  
 ALBERT CAMUS: *The Outsider*  
 ARTHUR C. CLARKE: *Childhood's End*  
 T. H. WHITE: *The Once and Future King*  
 ANITA BROOKNER: *Hotel du Lac*  
 HAROLD ROBBINS: *The Carpetbaggers*

Please give no significance to the order of the list, it is entirely fortuitous.

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#### REFERENCE

<sup>1</sup>CULLIFORD, Larry & MURPHY, Denis. (1985) Novel ideas. *Bulletin of the Royal College of Psychiatrists*, 9, 38.

### *A 70th Anniversary*

DEAR SIRs

I don't know whether readers watched the TV programme to mark the anniversary of the Battle of the Somme on 1 July this year, but I have been haunted since by the analogy with what is happening in our psychiatric world. In 1916 no headway was being made against the enemy and the allies on our flank were in no position to attack. The Generals conceived the notion that the German defences could be neutralised by a week's artillery bombardment, so that infantry could advance across open country and overwhelm them. There was great reluctance to test out this general theory in a limited engagement and a still greater reluctance to listen to any voices who questioned or doubted the theory, these being dismissed as defeatist.

As a consultant psychiatrist, I now feel like those experienced battalion commanders who looked through their binoculars after the barrage, saw that the German wire was still uncut, surmised that the dug-outs sheltering the German machine-gunners were also not destroyed, and feared for the safety for their men. On this analogy, our local Managers are staff officers, committed to the correctness of a general theory but with no concrete or detailed evidence to support it and unable to question it without

suspicions being focussed on their loyalty and resolution. The planners and theorists at District, Region and DHSS levels are the general staff, who must produce results. The lay members of the Health Authorities and their Chairmen are like Cabinet Ministers and the Prime Minister, who have to rely on what they perceive as professional advice although the Generals are desk-bound and out of touch with the realities of trench warfare. (On our sector of the Front, the psychiatric voice has been so distorted as to be unrecognisable or so muted as to be inaudible.)

I have a sense that we are set inexorably on a course that will fail, that urgings first to test out the theory in practice and on a limited scale will be dismissed, and that our Managers will go ahead with taking the patients out of what shelter they have had and sending them out into no-man's-land, confident that a spread of community psychiatric

nurses (some of whom no longer wish or are taught to recognise the features of psychiatric illness) and the promised help of our potential allies in the Social Services (who are in some disarray and may not materialise) will be an effective barrage and protection against the damage threatened by recurrent psychoses and the entanglements of impaired personality and social functioning. Locally, we have shared our fears that our patients will be exposed to great and unnecessary suffering with our Managers, but they are not well placed to listen or respond because after all they are staff officers.

We are still, just, in the bright summer days before the Big Push begins. How can we get the message through to the Generals in time?

A BATTALION COMMANDER

(Name and address supplied)

## *The World Federation for Mental Health*

The World Federation for Mental Health (WFMH) is the world's only international organisation of multidisciplinary professionals and concerned lay people which has the following aims:

- To promote the rights and interests of people with mental illness and their families;
- to build bridges between statutory and voluntary sector workers and recipients of mental health services;
- to campaign for properly-funded mental health services which are local, accessible, and tailored to individual need;
- to confront public prejudices and stereo-types about mental illness;
- to promote good practice in mental health care;
- to increase world-wide knowledge and understanding of mental illness.

WFMH is non-governmental and non-profitmaking. It is independent of any political, racial or sectarian forces and is recognised by the United Nations and its specialist agencies—the World Health Organisation, UNESCO, UNICEF, ECOSOC, and the International Red Cross. It maintains cordial relations with professional organisations in the mental health field throughout the world. It is

organised into a regional structure (Europe, Africa, Eastern Mediterranean, Latin America, North America, Oceania and Western Pacific) and is a membership organisation which draws its worldwide support from professional and voluntary sector workers, service users, policy makers, and all those with an interest in mental health.

WFMH is staffed by volunteers with a commitment to further worldwide understanding of mental health issues, so that its administrative costs are minimal. National organisations can join as specialised agencies with full voting rights and opportunities to influence the Federation's policies and practices. WFMH is governed by a Board of Directors which consists of representatives of active member Associations.

Recent and forthcoming themes for Regional Seminars and World Congresses include:

- Migration and Mental Health
- Rights of Mentally Ill People
- Mental Health and Primary Health Care
- New Approaches to Mental Health Care
- Mental Health and Ageing
- Alternatives to Mental Hospitals

### *'Better Management, Better Health'*

A report from the group established by the NHS Training Authority in March 1985 under the Chairmanship of Sir John Donne to review management education, training and development in the NHS has been published by the National Health Service Training Authority. It is entitled

*Better Management, Better Health* and is available from the NHSTA Media Development Unit, Eastwood Park, Falfield, near Wotton-under-Edge, Gloucestershire GL12 8DA. It costs £6 (or £5.50 each for orders of more than 10 copies). A copy is in the College Library.