

### *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