Greg recently completed his medical training at the Dunedin School of Medicine, University of Otago and is now a House Surgeon at Dunedin Hospital. While he thinks psychiatry is interesting, in the long run he will probably end up doing medicine – possibly renal or endocrinology. He also enjoys research and recently cycled (most of the way) across New Zealand.

Show me a psychiatry textbook that is clear and makes good sense of what goes on in psychiatric clinics and wards and I will kiss the author's feet. This is not that book. ‘A Primer of Clinical Psychiatry’ by Castle and Bassett aims to be an “easy entry… for medical students; a resource for established clinicians and also a thorough overview for the… advanced psychiatric trainee.” With such an enormous range of aims and only 311 pages to accomplish them, it is not surprising that it falls short.

As a bare minimum, I think an introductory textbook must cover the psychiatric interview, conditions, treatments, and side effects in sufficient depth whilst remaining approachable. Admittedly, this book ticks all of these boxes. It outlines each condition, compares them to other similar conditions, discusses the diagnostic criteria and provides a brief list of important differentials (and sometimes a long list of obscure ones).

Positive aspects of this book include some comprehensive sections. There are large tables comparing and contrasting the side effects of medications; extensive lists of organic differential diagnoses and a number of pages listing cytochrome P450 interactions. The section on drug therapy was also thorough, with page upon page devoted to the specifics of dozens of psychiatric medications.

If you were to read just one section, I would recommend pages 121/122, on “medically unexplained/functional disorders”, something which is important in any specialty. This section provides a frank and honest account of the difficulties in dealing with patients who have no obvious pathology underlying their symptoms and the negative feelings that these encounters often engender in clinicians.

The book ends with two practice OSCEs. One is on eating disorders and the other on alcohol dependence which could be helpful. A wider range of topics would have been useful.

At times “A Primer of Clinical Psychiatry” seemed overly long. It could have been one-third the length and still include most of the drugs that you would come into contact at an undergraduate level. Additionally, this book does not answer the question of which drug might be prescribed to a given patient. Decision-making flow charts could improve the text in this regard.

Due to their broad aims, the authors have tried to provide “sufficient” depth not only to novice medical students but also to advanced psychiatric trainees. One example is an excerpt from the section regarding management of “acute psychotic emergencies” (never defined) which reads: “Zuclopenthixol acetate 100 mg (intra muscular) as starting dose (may repeat after 24 hours if tolerated and needed)… Never use in a neuroleptic-naïve patient”. It seems to me that this is too much information for a medical student but not enough for a registrar. What should you use in a neuroleptic-naïve patient?

Some sections feel a bit tired. The authors start out enthusiastically but end up cobbling notes together to finish the chapter. Sometimes there is missing information, e.g. “renal cortical damage can occur… and renal failure can occur”. We are left clueless as to whether this is acute or chronic renal failure and what we should do about it. Finally, there is a lot of technical information, which can be hard going, and the book lacks a glossary.

Overall, while the book is mostly clear and straightforward to read, it is a bit dry. The authors have tried to present a huge amount of psychiatric facts. As a result of this, I think it would be difficult for a first-time student of psychiatry to pick out what exactly is important. I wanted the authors to transmit their understanding and passion for their careers to the reader, and I don’t think this has happened in this book.

If you’re looking for a text to get you through the test at the end of the run, this book will do. However, it may not be enjoyable and if you are sitting on the fence, it probably won’t inspire you to pursue psychiatry as a career. So 311 pages later, my search for the ideal psychiatry textbook continues. .