

Two more abstract papers are presented 'Cognitive Science and Hermeneutic Explanation: Symbiotic or Incompatible Frameworks?' and 'Connectionism and Psychiatry: A Brief Review'.

For those whose appetites are whetted by reading this journal there is a very full section of 'Concurrent Contents' with references of interest in journals and books. For those who wish to take their interest several steps further there are details of conferences in six European countries and beyond to Israel and the States.

Interest in philosophy and psychiatry continues to increase as evidenced by the very active national and local groups (including one in Scotland with strong links with the Scots Philosophical Club – all academic philosophers in Scotland) and with an interest being taken by the College in the place of philosophy in undergraduate and post-graduate training, and in continuing medical education. Thus the time for the launch of this journal is most appropriate and I would commend it to any psychiatrist with whatever degree of interest in the subject.

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Guidelines for the Management of Schizophrenia. Developed from a meeting of an independent working party. Available from Dr André Tylee, Senior Mental Health Education Fellow, Unit of General Practice, St George's Hospital Medical School, Cranmer Terrace, London SW17 0RE.

At any given time probably more than 80% of schizophrenic patients are living outside hospital. Their management in the community presents many difficulties, not least how best to co-ordinate care. Guidelines as to management are being developed by working groups of CSAG (Clinical Standards Advisory Group) and CRAG (Clinical Resources and Audit Group, Scotland); their reports are expected in late 1994 or early 1995. In the meantime we have this booklet produced by an 'independent working party'.

It is a curious little document. It apparently arises out of an informal meeting of 17 people,

all interested in schizophrenia. These included, for example, two professors of psychiatry, the chief executive of SANE, the director of the Afro-Caribbean Mental Health Association, a carer and a user. Provisional guide lines were developed and a satellite tele conference held with 177 health care professionals. The result was 12 principles or guidelines.

Four of the eight pages of text contain a brief description by Professor Lader of schizophrenia – its symptoms, course, diagnosis and treatment. This is unremarkable stuff – the sort of basic information that all health professionals interested in schizophrenia should know about. The next two pages, by Tylee, a senior mental health education fellow at St George's (sponsored I think by the Royal College of General Practitioners), focus on the interface between primary and secondary care. He briefly outlines the care programme approach, highlights the fact that most GPs have never worked in psychiatry and comments on the failure of community psychiatric nurses to meet the needs of all schizophrenic patients.

The last two pages contain the management guidelines. The first two 'general' guidelines emphasise the need for shared care and a management plan. The next four, headed 'Drug Treatment', emphasise compliance and the limited benefit of either high or low doses. The last, 'Personnel and Facilities', emphasises the role of the key worker, the need for GPs to be given as much information as possible on the day of the patient's discharge from hospital and the availability of different types of accommodation.

My principal difficulty with the booklet is to decide who it is aimed at. I think it must be mainly GPs. If so, they might well find it a useful *aide memoire* when discussing with their hospital and other colleagues the best way to manage schizophrenic patients in the community; also lay managers might find it a useful introduction to the care of such patients. However, for a more definitive statement about the best way forward we must await the reports from CSAG and CRAG.

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