This book was the first diagnosis-oriented psychopharmacological text that emphasized both critical literature review and practical application. Psychopharmacological treatment response was used as a nosological tool, an approach that has been referred to as psychopharmacological dissection. [The Science Citation Index® (SCI®) and the Social Sciences Citation Index® (SSCI®) indicate that this book has been cited in over 820 publications since 1969.]

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In the mid-1960s, Rachel Gittelman had suggested a number of times that I write a psychopharmacological textbook. John Davis also suggested this and pointed out that he could do the extensive, detailed, critical review of the treatment literature for which he has become so well known. Given this stimulation, John and I collaborated for over three years.

The book’s organization was something of a novelty because it was not drug oriented, but rather oriented toward descriptive diagnosis and treatment. The drugs received critical discussion in so far as they were relevant to the disorder under review. Each section was constructed as a three-layer cake. There was a clinical discussion of differential diagnosis in a particular area, followed by a detailed critical review of the psychopharmacological and treatment literature, followed by a clinical discussion of how to integrate this knowledge with psychiatric practice. The hope was to help in selecting the right drug for the right patient. The book was a forerunner of the present neo-Kraepelinian and biological revival and was quite out of keeping with the then-dominant simplistic psychodynamic emphasis.

This was the first broad psychopharmacological text, and its success is partly due to primacy. However, references to it usually cite the critical, extensive summaries of the drug literature. Also, certain of the new drug-relevant, specific diagnostic groupings put forward have received general acceptance. In particular, panic disorder and its treatment with antidepressants are now widely accepted and were incorporated into the American Psychiatric Association’s DSM-III: Diagnostic and Statistical Manual of Mental Disorders. Other concepts such as hystero-dysphoria and atypical depression have had increasing acceptance.

The general strategy of attempting to construct nosological classifications in terms of treatment response, which I call pharmacological dissection, has been widely adopted and widely criticized. Of late, attempts to consider psychopharmacological effects in terms of rheostat-type mechanisms, such as increasing synaptic norepinephrine, have come under attack. We had argued against such theories and suggested a cybernetic approach. Recent theorizing has moved in this direction, but I can’t really attribute this to the book since that section was totally ignored. The failure of rheostat theories to pay off has proved more persuasive.

We have published an updated edition that now includes a unique discussion of the psychopharmacology of children. This volume is substantially enlarged because of the tremendous flood of new data and studies. It took about 4.5 years to prepare. I must say that I am not looking forward to the third edition.