



THE CLOSURE OF MENTAL HOSPITALS

Peter Hall and Ian F Brockington (eds)
Royal College of Psychiatrists/Gaskell, London (1991)
 160 pages. Price £7.50

In this record of a symposium lack of firm editorial control has resulted in a variable quality to the contributions. Several papers, however, lead the reader to a more sophisticated understanding of the problems faced in closing mental hospitals.

Government plans for care in the community were first signalled in 1961 but in the subsequent 30 years there have been few documented accounts of hospital closures. This book describes the Worcester experience — the closure of two mental hospitals and their replacement by a comprehensive community based service. It delineates the managerial techniques and experience involved in these closures and includes an international perspective with contributions from Australia, the United States of America and the director of the Mental Health Division of the World Health Organization.

John Wing's paper 'Vision and reality' emphasizes that the 'vision [of community care] does not depend on a romantic view of the community as *Gemeinschaft*. It is based on an expert and experienced grasp of the nature of the disabilities that afflict people with severe (and particularly with chronic) mental disorders' and that 'the principles remain those first worked out in the mental hospitals themselves and in the early studies of patients discharged from them'. Wing concludes that progress towards community care in the United Kingdom over 30 years has been 'promising but not spectacular'.

General practitioners were closely involved in the planning of the Worcester development project. Robin Steel, a general practitioner, points out that the original feasibility study vastly underestimated the need for psychogeriatric care. A survey by general practitioners confirmed this and the result was that a unit was built for these patients. Steel points out that most new entrants to local general practice in Worcester have passed through the local vocational training scheme and have thus received six months good training in psychiatry. He also points out that each practice refers only one or two depressed patients to psychiatrists each year; yet the volume of antidepressants prescribed shows they are dealing with a larger number of such patients. The evaluation of the Worcester development project revealed that general practitioners' main criticisms were the difficulty of obtaining emergency admission to hospitals, the slow response of social workers to calls for help and the failure of community psychiatric nurses to provide sufficient information about their work with people on the family doctors' lists. Nevertheless, attitudes among general practitioners were generally favourable.

A recurrent theme in this book is that, in the absence of alternative provision, new long-stay patients continue to accumulate. They account for up to a third of the hospital population. About 20% of the new long-stay population have an organic diagnosis; they are significantly more disabled than the other patients, and

there is a small number of patients who are likely to need long-term asylum care. John Reed states that asylum is a necessary part of any comprehensive service, but this safe refuge can be provided in many settings besides an institutional one. For both mentally ill and mentally handicapped people, community care is an essential element of a comprehensive range of local services and hospital care. Both need to be provided in a balanced proportion.

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THE RATIONAL USE OF DRUGS IN THE MANAGEMENT OF ACUTE DIARRHOEA IN CHILDREN

World Health Organization
WHO, Geneva (1990)
 71 pages. Price US\$12.60

This is a thought stimulating book. Why are books published? Or more specifically why was this book published? It is categorically stated on the first page that anti-diarrhoeal drugs and emetics should never be used. None has any proven practical value and some are dangerous. Having stated this, the authors then use the following 70 pages to explain the pharmacology of each class of drug purported to be of benefit and conclude that for the majority there is absolutely no indication for their use.

I must assume that this book was published to summarize the deliberations of a committee. A general practitioner in the United Kingdom would find his time spent reading the book poorly rewarded and a specialist in tropical diseases would find the information considerably less than adequate.

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ETHICS AND LAW IN HEALTH CARE AND RESEARCH

Peter Byrne (ed)
John Willey, Chichester (1990)
 192 pages. Price £22.50

This is a series of essays from King's College centre of medical law and ethics; some are based on public lectures delivered at the centre, others are invited contributions. They make a very variable collection; I felt that I learnt more from the papers by lawyers than from those by clinicians and ethicists.

Kennedy and Stone's paper 'Making public policy on medical-moral issues' deserves a far wider reading than it will receive. Every doctor, lawyer, politician and thinking adult should consider the issues it raises. The paper highlights the current haphazard way in which policy is generated by an unhappy tension between the medical profession, the legislature and the courts. It even suggests a solution.

Several essays helped broaden my understanding. These in-