



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.

W I FRASER

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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.

A G WADE

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ETHICS AND LAW IN HEALTH CARE AND RESEARCH

Peter Byrne (ed)

John Wiley, 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-

cluded papers on the role of the courts in child abuse, the civil liberty implications of the acquired immune deficiency syndrome (AIDS), how absolute is the injunction not to kill, and two different aspects of fertility — the first paper questions if there is a right to reproduce, the second contrasts the rights of the woman and the unborn child. In contrast I was neither informed nor moved by the essays on clinical research, randomized clinical trials, use of fetuses in transplantation, and resource allocation in the National Health Service.

I read this book from cover to cover while confined to bed with a prolapsed disc. But how many general practitioners normally read a book on medical ethics in its entirety? This is not a book for the practice library but when you visit the medical library, you should take it from the shelves for half an hour and at least make an effort to read the paper by Kennedy and Stone.

PHILIP L HEYWOOD
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A HEALTHY BUSINESS

World health and the pharmaceutical industry

Andrew Chetley

Zed Books, London (1990)

206 pages. Price £9.95

Is the drug industry healthy? Andrew Chetley has taken the World Health Organization definition of health — 'a state of complete physical, mental and social well being' — and argues that although the pharmaceutical industry is physically healthy, its mental and social well being are in doubt, owing to pursuit of profit with little consideration for the consumers of its products, particularly in the underdeveloped countries. He admits to being biased, and although his arguments are ultimately convincing, he cites so many examples of unethical behaviour that at one stage I found myself wanting to defend the drug companies. Many of the obstacles to world health which he describes are as much the responsibility of governments and prescribers as of the drug companies, and unlike the industrialists, governments and prescribers do claim to be working on the patients' behalf.

I would like to have seen more discussion of the extent to which it is reasonable to expect a commercial concern to have world health as its major aim, and therefore, for example, to research tropical diseases rather than angiotensin-converting enzyme inhibitors. The author suggests, without convincing

evidence, that it may be in the long term interests of the companies to do so. He gives the example of Ciba-Geigy, who have become much more interested in ethical issues over the last few years; but it remains to be seen what effect this will have on their profits, or how many other companies will follow suit.

This book was rather hard work to read, owing to the enormous number of abbreviations (104 in the glossary, and this is not a complete list of those used). Although I felt that I had not always heard both sides of the argument, I now have a much better understanding of how the work of the WHO and other groups has been in conflict with the drug industry. Anyone contemplating political work in this field should read this book.

JENNY FIELD

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THE WHITE PAPER AND BEYOND

E J Beck and S A Adam (eds)

Oxford University Press (1991)

151 pages. Price £22.50 (h/b), £9.95 (p/b)

When a number of substantial changes are introduced in a complex organization, such as a health care system, it is difficult to assess the potential outcome. This is the problem that the National Health Service faces in relation to the changes proposed by the white paper *Working for patients*.

One useful option is to consider a series of views from widely differing standpoints. This was the approach used in *The white paper and beyond*, a conference organized by the North West Thames regional health authority which brought together an imaginative range of distinguished speakers from the forefront of medicine and the health care system.

This published version of the proceedings can be thoroughly recommended because the contributors critically examine an extensive range of topics, including medical need, audit, contractual relationships, medical education and research.

It is absorbing to ponder the views of these key contributors and so develop one's own perspective on the changes now occurring in the NHS. The value added benefit of this book is that the reader develops a more questioning attitude to the future as the presentation progresses. In addition, the book's sectional lay-out makes it versatile reading for the busy person.

JOHN G BALL

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