Book reviews

EDITED BY SIDNEY CROWN and ALAN LEE

Late Onset Schizophrenia

In contrast to the dementias and the affective illnesses, psychoses characterised mainly by paranoid delusions and hallucinations, but without evidence, during initial assessment and later course, of structural cerebral changes or of an affective psychosis with paranoid symptoms, are diagnosed in only 1–2% of psychogeriatric patients, and have, understandably, engaged only a small number of researchers. Twenty of them were joined by two researchers in less focused aspects of schizophrenia at a meeting of the International Late Onset Schizophrenia Group. With two members from the host country (UK), attenders came from Australia, Canada, Denmark, France, India, Japan, Spain, Switzerland and the USA. Their papers and a consensus statement are presented in this book, which appeared less than 1 year after the meeting, a cause of congratulations to both editors and contributors. The volume contains all that is known or is being discussed on the subject of late-life psychoses and their management. It is required reading for both researchers and clinicians in psychogeriatrics.

Readers will find up-to-date accounts of symptomatology and valuable hints on the management of the first meeting with patients to bring about acceptance and compliance with drug treatment. The mode of action of antipsychotic drugs is elucidated and the atypical ones recommended as less likely to produce troublesome and sometimes irreversible side-effects. Epidemiological studies have confirmed the far greater prevalence of these late paranoid psychoses in women, and this leads a Canadian worker to consider an antipsychotic action of oestrogens and the possible role of future drugs modulating oestrogen receptors. Spanish clinical scientists advocate the role of non-biological, psychological treatments together with drug therapy for patients in whom drug treatment alone had produced little or no symptom relief.

More than half of the book is mainly of theoretical interest, debating whether these late paranoid psychoses belong among the schizophrenias or are diseases sui generis. Roth’s descriptive concept of late paranoia is attacked, especially by the Swiss contingent, who describe it as both unnecessary and confusing. Their early- and late-onset cases of schizophrenia only differed owing to age influences. Declaring an interest, this reviewer in his 1966 monograph Persistent Persecutory States of the Elderly reported that one-third of his patients had presented with a few paranoid delusions, one-third had more widely spread delusions and related hallucinations and one-third was set apart by the presence of Schneider’s first-rank symptoms for the diagnosis of schizophrenia. I left the question of whether all three conditions were schizophrenias open until future workers had unravelled the biological bases of these illnesses. I therefore welcomed the straightforward declaration by the eminent American schizophrenia researcher, Nancy C. Andreasen: “I don’t believe in late onset schizophrenia”. She thinks that recent work makes a convincing case for schizophrenia being a neurodevelopmental disorder and that its symptoms are the result of neural misconnections. However, at an older age these misconnections could not possibly be developmental, but due only to degenerative processes. What Emil Kraepelin and Eugen Bleuler regarded as secondary symptoms (delusions and hallucinations) are produced, but not what they considered primary symptoms, such as formal thought disorder and affective flattening, ambivalence and avolition. This absence of primary symptoms had, in fact, been found by all workers, although a few had thought them doubtfully present on long-term follow-up. In their contributions, the American editor, Rabins, and his British colleague, Howard, also accept the neural misconnection theory, but other chapters report that so far no differences between early- and late-onset cases could be found by neuroimaging or neuropsychological examinations.

Thus, in its consensus statement, the group agrees that for purposes of future research, cases arising between the ages of 40 and 60 years should be called late-onset schizophrenia. Cases with onset after the age of 60 should usually be called very late-onset schizophrenia-like psychoses. A further version of this consensus statement is in press with the American Journal of Psychiatry.

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Movement Disorders in Neurology and Neuropsychiatry (2nd edn)

This American volume is ambitious in its aims, covering an extensive range of topics of relevance to neurology and psychiatry, from specific movement disorders associated with antipsychotic drugs, lithium and antidepressants to the relationship between psychiatric illness itself and motor abnormalities. Other areas reviewed include movement disorders associated with sleep and a range of neurological complaints, including those seen in childhood, such as motor dysfunction in autism. Each subject is covered in detail, with extensive use of tables, which provide useful summaries and are a help to the more casual reader. Many of the chapters adopt a methodological approach to the subject, exploring historical aspects, differential diagnosis, management and issues of basic science. The chapter on oculogyric crisis is a good example.

Such an exhaustive text, with numerous short chapters (for example, 20 chapters devoted to the subject of disorders of movement associated with drugs) must have presented the editors with a considerable challenge in terms of a clear, logical organisation for the book. While this has largely been achieved, there are still anomalies, such as chapters on primitive reflexes in psychiatry and neurology appearing in a separate section from the closely related subject of neurological soft signs in psychiatric disorders. As might be considered unavoidable in a book with 100 chapters and 120 authors, there is also a tendency for repetition of material. For example, the
introductions to the chapters on akathisia and cognitive akathisia cover almost identical ground. There is also inevitably some overlap between chapters and occasionally some inconsistencies. The subject of catatonia is covered in three chapters, but each takes a slightly different perspective. For example, one chapter provides a detailed list of catatonic motor phenomena, while another classifies some of the same phenomena as abnormal movements in schizophrenia distinct from catatonia.

The advantage of the multi-author approach is in making accessible a range of views on often highly specific topics, and the consistently detailed and scholarly approach are major strengths of this work. None of the comments above should detract from what is an impressive, systematic and comprehensive review of the subject. As a reference book for clinicians and researchers interested in movement disorder, this volume is likely to prove invaluable and unrivalled.

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**The Recognition and Management of Early Psychosis: A Preventive Approach**


Early intervention in psychosis may prevent or limit clinical, social, occupational and psychological deterioration. This has been a captivating theoretical notion for some time. Recently, it has been the subject of several influential international conferences, and services dedicated to early intervention are being set up throughout the world. This is the first book to describe the theory and clinical utility of early intervention in detail. It reports largely on the pioneering work of a group based in Melbourne, Australia, although other important contributions from researchers in the USA, UK and Holland are included.

The book is wide-ranging in its analysis. It is divided into four sections, which cover: the concept of early psychosis and its implications for treatment; the ways in which people suffering from psychosis may first present to services, their pathway to care, case detection and the consequences of delay; the assessment and clinical management of early psychosis; and the development of new services and reform of existing services to embrace the new paradigm.

Overall, the book indicates that assessment and intervention for early psychosis must be comprehensive and integrated, with equal attention paid to biological, psychological and social factors. The various authors argue that effective early intervention requires a collaborative alliance with the (usually) young sufferer and their family, awareness of the life-stage of the sufferer (with individuation and autonomy given particular prominence), awareness of comorbidity (particularly depression, hopelessness and substance misuse) and encouragement of user involvement in service delivery and development. Clear guidelines in the form of a three-step model, are described for those considering setting up an early intervention service.

The text does much to dispel the pessimism and therapeutic nihilism associated with schizophrenia. However, Patrick McGorry, one of the leading innovators in the early intervention movement, warns against overenthusiasm in applying early intervention principles. He acknowledges the need for continued rigorous empirical research to support the burgeoning clinical data which indicate that early intervention in psychosis can reduce the time individuals spend trying to access mental health services (and hence time spent in untreated psychosis) and improve, or at the very least, prevent further deterioration in, psychosocial functioning. Furthermore, long-term studies are needed to demonstrate the cost-effectiveness of early intervention.

This is an excellent, clearly written text, liberally interspersed with informative case studies and clear diagrams which help to illustrate conceptual issues. I can wholeheartedly recommend it to all mental health professionals working with those suffering from severe and enduring mental health problems. Those who work with more chronic sufferers are also likely to find the developmental issues and psychological approaches covered of considerable interest.

The book is a testament to the visionary and tireless work of the Melbourne group. I am sure it will become a classic text and do much to inspire other workers to set up early intervention programmes and hence play a part in helping to ease the plight of young people with psychosis. In my opinion, no department of psychiatry or clinical psychology, or community health team, should be without a copy.

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**Epilepsy and Mental Retardation**


Epilepsy is one of the most common secondary disabilities in people with mental retardation, the prevalence increasing with the severity of the intellectual disability. About 50% of those with profound learning disability and between 10 and 20% of those with mild disability have suffered from seizures at some time in life. Epilepsy is thus an important indicator of underlying cerebral dysfunction. Until recently, only the tip of this iceberg had been on view to most psychiatrists, but now that the majority of people with learning disability are living in the community, generic services are challenged to meet their needs.

This book is particularly welcome in providing the up-to-date knowledge required by both primary care and specialist
teams, and it is one of the first comprehensive multi-author texts on the subject. The majority of the contributors are from Scandinavia, and there are useful descriptions of services in these countries which make it clear that if tertiary disability is to be minimised, community care must be accompanied by specialist backup from multi-disciplinary teams who have the neuropsychiatric skills to provide not merely assessments, but also long-term monitoring and support.

The opening chapter, on epidemiology, gives a useful up-to-date review of the literature, noting the relative lack of total population studies, especially of those with mild learning disability. The detailed descriptions of epilepsy in Angelman’s, fragile X and Down’s syndrome provide useful models for consideration of the possible underlying mechanisms (the last of these also has a separate chapter devoted to it).

The chapters on new anticonvulsants and the role of surgery in the treatment of intractable seizures will be of particular interest to the clinician, and it is gratifying to learn that learning disability is no longer a contraindication to surgery. Intellectual deterioration is also no longer to be regarded as an inevitable consequence of chronic epilepsy, but, as Stephen Brown points out in his excellent review of the topic, it does present as a major problem in a minority. It would have been helpful to have had a fuller review of the educational difficulties affecting people with epilepsy, although these are alluded to in the chapters on services. This book can be recommended as an authoritative text for both clinicians and researchers.

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CAN: Camberwell Assessment of Need
By Mike Slade, Graham Thornicroft, Linda Loftus, Michael Phelan & Til Wykes. London: Gaskell, 1999. 144 pp. £45.00 (pb).
ISBN 1-901242-25-0

This book is intended for people who are using or are considering using the Camberwell Assessment of Need (CAN). The CAN was developed by the Section of Community Psychiatry (PRiSM) at the Institute of Psychiatry. It is described as “a tool for assessing the needs of people with severe and enduring mental illness”, covering both health and social needs. It was developed for use by mental health care professionals, service users or other non-mental health professionals, and has clinical and research versions.

In the UK, a needs-led approach is a central theme in the individual care of those with severe mental illness (National Health Service and Community Care Act 1990), and this has been encouraged by the introduction of the Care Programme Approach. In this book the authors discuss the concept of ‘need’ and how it can be defined and assessed. They emphasise that need is a subjective notion and that the judgement of its presence or absence depends on the viewpoint being taken. They argue that with the use of a tool such as the CAN the differences in perception of need between users of mental health services and the involved professionals can be identified, and then negotiation can take place to agree a care plan. The authors also recommend the CAN for use in assessing population need. They argue that if services are to be appropriately developed, an agreed method for assessing need is required, and suggest that the CAN is one of only four instruments available for needs assessment. Furthermore, it is the only one that is suitable for use by those without extensive experience.

There are dissenting voices. Priebe et al (1999) question the entire concept of need. They cite the subjective nature of needs and the low-to-moderate congruence between needs assessment of patients, keyworkers and others. They argue that the term ‘need’ implies that there is a specific effective intervention available to meet it, greatly oversimplifying the complex process of decision-making.

This book includes a description of the development of the CAN and a paper describing its reliability and validity. The authors emphasise that needs assessment should be part of routine clinical practice and that the CAN is brief to administer and can be used by a wide range of professionals without formal training. Indeed, this book gives all the information needed to use the CAN in any setting, with separate manuals for each of the three different versions (research, clinical and short). They also included a training package and copies of the three versions for photocopying. The training package and manuals are brief, pragmatic and easy to follow.

In summary, the weakness of the book may lie in the basic concept of need, rather than the text itself. However, if you accept that needs assessment is a useful concept and have decided to measure need, this is the book to purchase.


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The Clinical Neuropsychiatry of Multiple Sclerosis

Mental and cognitive disorders in multiple sclerosis (MS) have been reported at least since the time of Charcot. However, very little space has been devoted to these abnormalities in the medical and psychiatric literature over the past century. Thus, MS has remained an essentially neurological, rather than neuropsychiatric, condition. Only during the past decade or so has interest in the psychiatric aspects of MS developed, and although there is now a considerable body of knowledge on the neuropsychiatry of the disease, there is still a lack of overviews on the subject.
Feinstein claims to provide “a detailed survey of the emotional, behavioural and cognitive disorders prevalent among patients with multiple sclerosis” and “clear clinical guidelines [. . .] for (their) diagnosis and treatment”. This is a clinically oriented volume, which is well researched, written and edited. It will undoubtedly please readers seeking the practical clinical information and advice that is rarely found in neurology textbooks. The book begins with a helpful and clarifying introduction on the diagnosis of MS and definitions of its nomenclature, followed by chapters on depression, bipolar disorder, pathological laughter and crying, psychosis and cognitive dysfunction. Most chapters contain clinical vignettes, and all have helpful summary points at the end. Data are also provided on the correlation between brain lesions on magnetic resonance imaging and various abnormal mental states and cognitive deficits. There is an imbalance between the amount of space devoted to cognitive dysfunction (five out of ten chapters) and that given to the more strictly psychiatric aspects of MS. Also, reference to the effects of newer therapies, such as the beta-interferons and their alleged (and debated) potential to induce depression in a proportion of patients, would be welcome.

This work succeeds in providing a detailed review of the mental and cognitive disorders observed in MS. And although the provision of clear treatment guidelines is hampered by the small number of proper randomised placebo-controlled trials of treatments for depression, mania, or psychosis in MS, this is not the author’s fault.

Feinstein should be congratulated for his effort in reviewing and bringing together what is known of the psychiatry of MS into this monograph, which will be useful to those interested in the psychiatric manifestations of structural brain disease and to clinicians who either have patients with MS under their care, or who encounter them in the course of their clinical practice. The volume would be a welcome addition to academic medical libraries and some departmental libraries. Those with a special interest in MS should benefit from the inclusion of this book on their personal shelves, although they might want to check whether a paperback edition is planned.

**Psychological Problems of Ageing: Assessment, Treatment and Care**


This book is intended to be a focused text for all professionals involved with the care of older adults, which is a broad perspective. It rises to the challenge admirably.

I particularly enjoyed the thought-provoking chapter on identity management in later life by Peter Coleman, and the chapter by Steven Zarit and Anne Edwards on family care-giving. Both offer stimulating reading and have implications wider than their titles might suggest. I found a small paragraph about multiple roles and role strain in relation to care-giving pertinent to work I have been involved in on burnout and stress among old age psychiatry staff. I love the hypothesis that an additional role might generate energy which can be used to fulfil the demand of other roles, but I have some worries about where it might lead those among us who already feel overcommitted.

Other chapters are probably less useful to psychiatrists. I singled out Robert Woods’ chapter on mental health problems in late life for mention here, but later found myself mulling over post-traumatic stress disorder in late life and the impact of the Second World War. Also, we can become blasé about what Woods calls the “uncharted territory” awaiting many old age psychiatrists: a deluge of patients with dementia and depressive illness in late life. Woods is right that clinical psychologists have a key role to play in understanding, assessing and treating the whole range of mental health problems affecting older adults. But so too do old age psychiatrists, and we must continue to have a vision of old age psychiatry services which are comprehensive, collaborative and multi-disciplinary and which are resourced to allow the reality of both psychological and physical treatments. Another perspective is always useful: perhaps this chapter is relevant to old age psychiatrists after all.

Time now for my confession. I made a mistake with this book: I decided to read it from cover to cover for relaxation. This proved to be a recipe for insomnia, and I suggest it is better used as a sourcebook, or text to refer to on relevant topics. If I had not been asked to review this book, I doubt that I would have bought it, but that would have been my loss. It will be particularly useful for trainees, but cynics who have lost touch with their training will also enjoy it.

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Regular readers of _Advances in Psychiatric Treatment_ should be familiar with the articles in this volume, which have been reprinted minus the multiple choice questions, but with the benefit of some degree of updating. In his preface, Alan Lee argues cogently that “those most severely affected with depressive and non-psychotic disorders have levels of disability and enduring suffering comparable to those with schizophrenia”. Indeed, many of the chapters relate to the bread and butter of routine psychiatric out-patient work – the man with chronic depression who has not responded to adequate doses of antidepressants, the young woman with worsening anorexia nervosa, or the woman with persistent somatic complaints unhappy with her referral by the surgeon after numerous negative investigations and two laparotomies. As in the parent journal, the chapters are well structured and extremely readable, but would it have been even better, in a compendium of this nature, to invite commentators by other recognised experts in the field, given that little new research is beyond debate? Perhaps the editor might consider this for future volumes?

In practical terms, the largely pharmacological chapters are likely to be of most immediate use to the practising clinician, as a quick and comprehensive update. Brief descriptions of models of psychological therapy will be helpful to experienced doctor and trainee alike, but cannot be a substitute for hands-on training. Brushing up on psychological therapies will always consist of more than acquisition of knowledge and this is inevitably the shortcoming of the ‘private study’ approach to continuing professional development from which the book has developed.

Given the current direction that psychiatry is taking, it is good to see an acknowledgement that the topics covered in this book still remain within the remit of a competent general psychiatrist. But for how much longer?

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_Sexuality and Serious Mental Illness_  

Sexuality in chronic and/or severe mental illness is not a widely researched or widely discussed topic. This is surprising, as there are many issues involved here that are important for the clinician. For example, patients with serious psychiatric illness can be sexually exploited, or, at the other extreme, may themselves be sexual offenders. There are other risks, such as infection or unwanted pregnancies.

In this book, which is part of the Chronic Mental Illness series, Buckley (a psychiatrist) has brought together contributions by a group of diverse professionals. The first chapter, by the editor and three collaborators, sets the scene, dealing with the parameters of sexual behaviour in people with serious mental illness. Clinical and survey data are cited which show that many patients with severe mental illness have active sex lives. A much smaller number show inappropriate or predatory sexual behaviour. The authors note that the actions of the latter group, often the subject of media publicity, have overshadowed the needs of the majority.

Patricia Deegan’s chapter gives a consumer perspective, based on a focus group discussion. One of the points she highlights concerns the effects of medication on sexual functioning. It is not uncommon for patients not to be informed about these effects. The need for clear policies with regard to sex and romance in mental hospitals is also addressed, and the tendency to locate the problem in the patient alone is challenged.

Other topics discussed include the legal aspects of sexuality and mental illness. A key issue here is competence to give informed consent to contraception. The topic of sexual assaults in hospital settings is also discussed. As any charge nurse knows, ‘managing’ sexual activities in in-patient settings is an important part of running a ward. There are complex issues, such as the conflict between the responsibility to protect vulnerable patients and the duty to promote patients’ rights. A chapter is devoted to an account of one hospital’s (Riverview Hospital in British Columbia) work on developing a policy for consensual sex between in-patients. Education about}

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_But Facts Exist: An Enquiry into Psychoanalytic Theorizing_  

The author starts from the view that psychoanalysis is short on facts and over-provided with theories, a view that might...
be justified. This might therefore be a book of rather wide interest. However, the author, a psychoanalyst, has written a work for psychoanalysts. He tackles this psychoanalytic problem from several perspectives. There are, he says, clinical facts, verifiable by repeated observation by different observers, and the ordinary signs and symptoms of mental disorder meet the criteria of verifiability; but those arising in the special situation of psychoanalytic treatment cannot be so easily verified.

He then conducts an examination, in three parts, of psychoanalytic ideas. First, in Chapters 1 and 2 he reviews facts, reliably to be found in the psychoanalytic situation. These consist of Freud’s ideas as laid out in Chapter 7 of the Interpretation of Dreams (first published in 1899; Freud, 1914), and elaborated by him in his writings up to about 1920: in short, Freud’s particular interest in the economic model of mental function. Freeman recapitulates these somewhat elderly theories with a revitalising perception, and in addition employs many brief (or longer) vignettes from his own clinical work. Thus, he offers verification by repeating Freud’s observations, raising them to the status of clinical fact.

He then deals with Freud’s revision of his theories during the 1920s (Chapters 2–5), when Freud was moving slowly away from a full commitment to the economic model. The method of argument is solid: Freeman attempts to show that the revisions are not necessary, since new phenomena (traumatic neurosis, repetition compulsion, etc.) can still be explained with the old theories. And in exemplary fashion he provides clinical vignettes to show how such loyalty can be achieved. And this provides more weight that those early ideas of Freud are verifiable, objective facts.

The third part (the remainder) of the book deals with other revisions of Freud’s theories—particularly those of Fairbairn, Klein and Kohut—concerned with early development, narcissistic disorders, psychosis and clinical technique (Chapters 7–10). Here Freeman’s method is slightly different. He argues from a priori grounds that such revisions are not necessary, and he does not revisit the clinical situation. Perhaps this is understandable, since he would need to be able to grasp the clinical process in both his own school and that of the ‘deviant’ school. What sort of clinical material could convincingly discriminate between, say, the ‘dubious’ phenomenon of splitting and the tried-and-tested repression? Psychoanalysts have barely begun to establish what conditions are necessary to be able to make such a discrimination between the characteristic observations of different schools. Lacking this clinical reference point, this part of the book therefore loses some of the grip of the preceding chapters. The sense of evidence being built up fades, and Freeman seems to fall here into the familiar temptation of proselytising his own school over others.

Freeman does not address the fashionable and over-familiar recent arguments against Freud’s scientific achievement. Instead, he gives a picture of how facts might be built up from evidence in the psychoanalytic clinical situation, and thus supports the view that psychoanalysis occupies a valid place within the natural sciences.


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Ten Years Which Changed the Face of Mental Illness


The title of this book alludes to John Reed’s classic account of the Russian Revolution, Ten Days that Shook the World (Read, 1990). Instead of the overthrow of capitalism, it focuses on the decade during which the introduction of antipsychotics transformed psychiatric practice. The author, Jean Thuillier, is well placed to discuss this period, having worked alongside Jean Delay and Pierre Deniker, the French clinicians who were among the first to use chlorpromazine. Trained in both psychiatry and pharmacology, Thuillier was a Chef de Clinique at the Faculty of Medicine in Paris and played a pioneering role in the early days of psychopharmacology.

In similar fashion to Edward Shorter in his recent A History of Psychiatry (Shorter, 1996), Thuillier contrasts the dark ages before the advent of effective medication with the post-chlorpromazine era, which he portrays as liberating the mentally ill from the asylums. Advances were made by heroic clinical scientists, toiling in laboratories and at the bedside. The end of this happy tale sees psychiatry rescued from the professional wilderness and restored to its rightful place beside general medicine. In Thuillier’s view the discovery of the neuroleptics has brought psychiatry back into the medical mainstream.

There are, of course, other readings of this key episode in the evolution of modern psychiatry. Some have pointed to the fact that the asylums were starting to empty before the development of the antipsychotics, demonstrating the importance of social factors. Some may also feel that the author, in his somewhat evangelical account of the benefits of medication, rather downplays the severity of side-effects.

However, this is an ‘insider’ account of recent events, rather than an ‘outsider’ overview by an academic historian. Thus, what it loses in its lack of engagement with other interpretations of the period, it gains in the personal detail that Thuillier is able to provide by virtue of the fact that he lived through the time. He takes us into the Parisian psychiatric wards of 50 years ago, to ground-breaking international conferences and to eavesdrop on the discussions of the leading psychopharmacologists of the day. Thuillier emerges as a humane clinician, with an enquiring mind, forever trying to find novel pharmacological remedies for mental distress.

The book ends with an imagined picture of what psychiatry will look like in the year 2080. The millennial issues of the Journal and Bulletin also contained essays attempting to predict the future of psychiatry (Davies & McGuire, 2000; Kendall, 2000; Persaud, 2000). Thuillier was writing in 1980, but, like these more recent authors, he conjures up a vision in which pharmacology and computers combine to create a brave new world of mind manipulation and control. And, like current prophets, he voices his unease that the human dimension to clinical care may thus be eroded.

Unfortunately, the book is overlong and given to lengthy digressions. By aiming to cater for both lay and professional audiences, it veers between simplistic accounts of psychiatric theory and more technical discussions of pharmacology. Clinicians may wish to perform their own editing as they read the book, and by doing so, they will discover passages that convey the excitement of the decade that shook the psychiatric world.
Outside the Walls of the Asylum
Edited by Peter Bartlett & David Wright.

“Care in the community”, say the editors of these 12 essays, “holds the dubious distinction of being universally supported in principle and universally condemned in practice”. Furthermore, as community care has never been defined, there is no standard way of measuring its performance. Still, Bartlett & Wright have set out to investigate its history, “both as a social phenomenon and as a distinct government programme”, and to do so by “challenging conventional interpretations of the centrality of psychiatric institutions”.

Well, up to a point they do, since what emerges clearly is that the boundary between institution and community was always a semi-permeable one. As the editors point out, nearly half the patients admitted to asylums in the 19th century stayed no more than a year, only one in five were ever readmitted, and most had been receiving prolonged ‘community care’ before a crisis (often violence) had precipitated certification. In 1871, out of almost 70 000 ‘lunatics’ or ‘idiots’ recorded in the census, fewer than 40 000 were in institutions. In Wales, as Hirst & Michael describe here, the figures were regarded by the Lunacy Commissioners as one-third too low; many admissions to Denbigh Asylum followed the breakdown of long-standing family care which had never previously been known to the authorities. Furthermore, if a patient was not certified as ‘dangerous’, the family could insist on release from the asylum.

Mellings et al show from the records of the Exminster Asylum that the stigma and shame of certification often led families to keep a mentally ill relative in “barbarous isolation” until the household resources became depleted or the local community was outraged in some way. So the growth of institutional provision was not an “elaboration of powerful systems of social control”, but a “response to ‘market demands’ for welfare benefits”. Of course, every extension of public action—from clean water to universal education—demands some degree of ‘social control’, but primarily as collective action for the general good. What the evidence of this book does not provide, though, is any support for the Foucault–Scull view that “a new regime of discipline and surveillance replaced social tolerance and individual liberty” or that the asylum became “a dumping ground (for) mental and physical wrecks”. Certainly, many of those admitted were in poor physical health, but the asylum provided medical and nursing care which they mostly could not have obtained outside.

One of the most important ways in which the institution–community divide was bridged was through the boarding out system. Harriet Sturdy and the late William Parry-Jones show that up to the First World War, almost 25% of Scottish patients were managed in this way, and that these cases would otherwise have filled six asylums. Yet throughout the 19th century, admissions to mental hospitals there continued to rise and the building of new institutions was extensive. Boarding out, therefore, was a complement to hospital provision, rather than a replacement for it. The Scottish Lunacy Commissioners enthusiastically promoted this policy, while it was generally rejected by those in other parts of Great Britain. No explanation is offered for this difference, even though such influential figures as Bucknill and Maudsley supported the boarding out system in England.

In the 20th century, as Welshman points out, the actual phrase ‘community care’ first appears in the Wood Report on Mental Deficiency of 1929. In the 1950s, it increasingly entered the official discourse, though this remained far removed from actual provision at the local level. Partly this was because “responsibility for community care was foisted on to local authorities, the most demoralised branch of the NHS”. A factor not mentioned by Welshman is the bitter opposition of the Treasury to extra funding, revealed by Charles Webster in his history of the National Health Service. Welshman complains that the Ministry of Health “did not seem willing to coerce local authorities whose services were of poor standard”, but in fact, they had no power to do so.

The last chapter by Payne, shows that anti-psychiatry is still alive and kicking. She refers sarcastically to the beneficiaries of psychiatric services and to ‘schizophrenics’; would surgical or paediatric patients be described in this dismissive way? Psychiatrists simply cannot win. If they move with their patients into the community, it is “because this is the way to retain professional control”; if they stay more in hospitals, it is because they are “fearful of losing their territorial power base”. Had there been more than just a single psychiatrist in the 19 contributors to this volume, a more balanced picture might have emerged.

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Late Onset Schizophrenia
Felix Post
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