

come not at the most auspicious moment in the long continuum of Health Service change.

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**The Development of Mental Health Care in Primary Health Care Settings in the European Region. Report of a WHO Working Group – Lisbon 1989**  
Copenhagen Regional Office for Europe, 1990,  
Pp. 26

It is very difficult to produce a report on an international discussion which drives home one or two important themes in a memorable way. One successful example is in the 1973 report *Psychiatry and Primary Medical Care* (WHO Regional Office for Europe), characterised by these sentences:

“The crucial question is not how the general practitioner can fit into the mental health services, but rather how the psychiatrist can collaborate most effectively with primary medical services . . .” and “The primary medical care team is the keystone of community psychiatry.” (page 27).

The present report, from the same office, covers the same ground. The emphasis is a little different, being especially upon the relation between mental health services and primary services. This working group aimed “to review the extent to which mental health care in primary health care settings, at district and local level, has been fostered throughout the region”; “to make recommendations for further strengthening”; and “to draft indicators for monitoring and evaluating these developments”.

The report scarcely touches on the first aim because the text repeatedly veers off into discussion about how things *should* be done rather than reviewing what developments have actually occurred. It concludes that there has been a significant change, but the few allusions to local examples are expressed hesitantly and without references (one statement about the United Kingdom is misleading).

On the third aim, “the group did not feel prepared to suggest a list of indicators . . .”.

Most of the report therefore relates to the second aim. The most coherent and interesting section is about the primary care team. The two recommendations for member states (page 20) urge action by both government and workers at all levels to promote closer collaboration and more effective integration between the systems of primary health care and mental health care. But among the conclusions (pages 14 and 15) are two which imply that this working group did not wholly subscribe to the sentences quoted above from the 1973 Copenhagen report.

This is not surprising since the group included no member actively engaged in any primary care team.

The report is not a notable landmark.

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**A County Lunatic Asylum: The History of St Matthew's Hospital.**

By David Budden. 1989. Pp. 123. £4.95 (including postage). Available from: D. W. Budden, Staff Pharmacist, Pharmacy Department, St Matthew's Hospital, Burntwood, Walsall, West Midlands WS7 9ES

This account of a Midlands Asylum opened in December 1864 is of more than local interest. The author has carefully studied the archives and has brought alive, at least for this reader, the sight, sounds and smells of asylum life in the 19th century. We are reminded that in those pre-pension days Medical Superintendents had lengthy reigns. This history of St Matthew's Hospital is dominated by the Superintendency of Dr James Beveridge Spence, who finally retired in 1924 at the age of 75 having served for 53 years.

The class-ridden attitudes of Dr Spence and his managers reflected those of their peers. He wrote in his annual report for 1883: “The association of paying patients, who while in good health occupy a respectable though comparatively humble position in life, with those of the fellow townfolk of a lower class, has often proved detrimental to the former. . . . Relatives are put off sending the patient to the Asylum owing to the dread of social contamination”. The repressive Victorian attitude to sex can likewise be traced in these pages. The Commissioners in Lunacy noted in 1892: “We were glad to learn that no male artisan, or indeed anyone except the Medical Officer, have keys admitting them to the female side”. The Superintendent's control over staff's sexual mores lasted well into this century. In 1917 Dr Spence reported, “I have had an application from the Head Attendant to marry the Head Nurse. Personally I see no objection to the arrangement if the Committee approves”. It was not until three years later that the Conditions of Service for Assistant Medical Officers came under review: “there should be no question of the man having to ask permission to marry”. Dr Spence's successor in 1944 reported to his Committee that a woman employee “was pregnant and had refused to tender her resignation. It was resolved that one month's notice be given”.

Budden colourfully records the ‘entertainments’ that formed such a key part of the moral, as opposed to medical, treatment. In 1886 Dr Spence noted “the formation of a band among the attendants upon

their own initiative, and in great measure at their own expense, in the training of which Assistant Medical Officer, Mr Maye, takes much interest". An advertisement appeared in the *Daily Telegraph* in 1893 for a "Male Attendant, capable of playing first violin in the band". Music was played during patients' meal-times either by the asylum band or an organist or a pianist. Even as late as 1920 the hospital advertised for a male nurse stating that "... previous experience was not necessary ... the successful applicant must be able to play the organ for the chapel services and also the piano in the orchestra". The hospital orchestra appears to have held sway until the introduction of the 'talkies' in 1935. Budden's history contains many vignettes into asylum life: the annual hospital farm statistics including the 48,982 eggs produced in 1934, the widespread risk of fire in the 1890s with open coal fires in the wards, gas lighting and highly polished wooden floors, the available activities in the 1920s and '30s ranging from eurhythmic dancing and Swedish drill to book-binding repairs and mending wireless sets, and the enormous difference in pay scales in 1912 for attendants and nurses, being £33 and £18 per annum respectively.

Reference is made to the foibles of men and women, whatever their station in life. The Superintendent before Dr Spence had to retire early on grounds of alcohol indulgence. When the original asylum was nearing completion, one official observed that the lead work was less in weight than had been specified. Moreover in some places cheap spruce wood had been used instead of the required Riga White deal. Then there was the time just before the Great War, when Dr Spence noted that the number of fowl on the farm was declining. A count was ordered, which resulted in 85 being traced and not the 127 stated in the stock book. It transpired then that the farm bailiff had been in financial difficulties at the time. A replacement was sought immediately.

This beautifully compiled work with its many plans and photographs will hopefully inspire others working in similar institutions to open up their archives and emulate David Budden's memorable achievement.

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### **Journal of Forensic Psychiatry**

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The publication of this new journal will be welcome as it meets the need for an academic journal to underpin the recent expansion of forensic psychiatry as a clinical specialty. Professor Bluglass, writing an introduction to the first edition, defines forensic psychiatry as "general psychiatry pertaining to the law", and at its core is the management of the mentally abnormal offender. This concern with patients and their management is welcomed as it contrasts with the approach of the American journals in the field which are mostly concerned with the interesting legal and moral questions that arise at the intersection of crime and mental disorder. This reflects the different nature of forensic psychiatry as practised in the USA where a forensic psychiatrist's task is to advise courts on the responsibility of people appearing before them, but not generally to treat patients. Yet, having read Professor Bluglass's definition of the subject matter, I was surprised that the longest article in the first edition covers a field which appears to lie outside this. Professor Mullen has written a thorough review of the effect of sexual abuse on the mental health of the victims. The article is interesting but it has to be asked on what basis this topic (the ugly word 'victimology' springs to mind) is legitimately part of forensic psychiatry. It can hardly be argued that the neurotic personality and sexual disorders described in the article can only be treated by forensic psychiatrists and I suspect that the attempt to claim victims as part of the speciality is a political one – it is aimed to avoid our being seen as too closely associated with criminals.

The most innovative section of this journal is called 'Legal Notes'. Here an academic lawyer reviews recent legal decisions relevant to the practice of psychiatry. This is the section that will be of most interest to the non-specialist as it covers the legal framework within which all psychiatrists must work. Although written by a lawyer there is a clear understanding of the nature of clinical practice. A book review section which allows ample space to its reviewers rounds off the first edition of this promising journal.

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