

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

TONY WHITEHEAD

*Consultant Psychiatrist  
Brighton General Hospital  
Brighton BN2 3EW*

**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.

JOHN HORDER

*Visiting Professor  
(Clinical Epidemiology and General Practice)  
Royal Free Hospital, London NW3*

**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