

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.

Freud, S. (1914) The interpretation of dreams. Reprinted (1956–1974) in the *Standard Edition of the Complete Psychological Works of Sigmund Freud* (trans. and ed. J. Strachey), vols 4 and 5. London: Hogarth Press.

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Ten Years Which Changed the Face of Mental Illness

By Jean Thuillier. Trans. by Gordon Hickish. London: Martin Dunitz. 1999. 225 pp. £24.95 (pb). ISBN 1-85317-886-1

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; Kendell, 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.

Davies, T. & McGuire, P. (2000) Teaching medical students in the new millennium. *Psychiatric Bulletin*, **24**, 4–5.

Kendell, R. E. (2000) The next 25 years. *British Journal of Psychiatry*, **176**, 6–9.

Persaud, R. (2000) Psychiatry in the new millennium. *Psychiatric Bulletin*, **24**, 16–19.

Reed, J. (1990) *Ten Days That Shook the World*. Harmondsworth: Penguin Books.

Shorter, E. (1996) *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac*. New York: John Wiley & Sons.

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Outside the Walls of the Asylum

Edited by Peter Bartlett & David Wright.
1999. London: Athlone Press. 353 pp. £45.00 (hb), £16.99 (pb). ISBN 0-485-11541-7 (hb); ISBN 0-485-12147-6 (pb)

“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 precipi-

tated 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–Scully 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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