In writing about society's attitude towards psychiatric illness he is also critical of the pharmaceutical industry for promoting "images which are negative or animalistic using pictures of tortoises, clams or snails to depict depressive illness" and of the press for juxtaposing madness with violence and sex crimes. He would clearly like to see the new Mental Health Act regarding the right to consent to or refuse treatment extended, and does not consider that the psychiatrist's continuing review is an adequate safeguard.

The occurrence of abuse of the mentally ill in various parts of the world is mentioned, but in no detail, and having referred to the problems in the Soviet Union, South Africa, Japan and Greece as well as some other countries, he insists on showing his even-handedness by referring to the Rampton scandal in the UK and the US cases of executing some mentally ill individuals who committed homicide as examples of abuse in Western society. Brief mention is made of the ethical problems concerning torture.

He concludes by placing his faith in the United Nations Commission on Human Rights and the WHO, and one would be more impressed with these organisations if their past record of effectiveness was better.

Although this pamphlet covers many important topics it does so superficially and with a great deal of personal bias. I suspect that the author will not rest easy until the mentally ill are removed from the medical arena and although psychiatrists are attempting to come to grips with all the problems of mental illness, it is clear that their first concern should be the ease with which these people receive necessary care and treatment even if this adversely influences some of their less important human rights temporarily.

Much of what is written has been better dealt with in other publications, as many of the topics deserve more detailed analysis than is available here. Nevertheless, one must commend any publication which gives wider publicity to many of the prevalent international abuses of psychiatry.

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Mental Hospital Closures—The Way Forward? By Kathleen Jones. Institute of Advanced Architectural Studies, University of York, Continuing Education Group. York: The King's Manor. Pp 13. 1987.

A way forward for mental hospital closures that avoids trampling on the rights of long-stay patients would be profoundly welcome. The meat of this report is a proposal for the planned redevelopment of hospital sites as an alternative to their complete loss to patients, present and future.

It is envisaged that the sites' resources of space, buildings and public acceptance will allow selective demolition and high-density development to cater for both patients and public. Some land will be sold for facilities such as supermarkets, libraries and other leisure provision, and for housing—including up-market housing to counteract stigma. Room will be left for a range of mental health services including a variety of sheltered accommodation, resource

centres and 'hospital-type' units. It is argued that if urban environments are sufficiently diverse and intense specialist buildings are easily assimilated, the inclusion of piazzas, parks and walkways will make for a pleasant place in which to live.

The eventual result is described in large-scale terms as "the transformation of the former asylum site into a small town, community or quarter, similar perhaps to a small market or district centre."

There is no consideration of clinical issues such as the number and categories of patients likely to be catered for: Wing & Furlong's account of the related Haven concept which deals with this aspect is not mentioned. Nor are the social implications considered critically. The term "new communities" begs the question as to what extent patients will in fact be integrated with other residents. At worst, yuppies in the up-market housing might regard them as the price to be borne for other advantages, and their hopefully enhanced status as the original occupants of the site will need protection.

Nonetheless, the concept provides a valuable alternative or, perhaps more precisely, supplement to existing plans. Schemes could be developed on varying scales according to local needs and as a part of comprehensive services. They could be phased in slowly so as to realise the best prices for the land and adjust mental health provision to the needs as they became apparent. At even a modest level they would extend the range of choices available to long-stay patients sufficiently for them to be involved more genuinely in decisions about their own futures. The Poor Law flavour of present arrangements which lay more stress on district of origin than current attachments would be mitigated. In addition, resources for future generations of long-term patients would be ensured and a signal given that their needs are to be taken seriously in the new service.

The report also includes brief accounts of the role of community mental health centres in Trieste and in the USA. They are proffered as examples of the importance of warmth, human concern and the ability to transcend professional barriers. Major deficiencies are also described, especially failure to cater for important groups. In Trieste these include adolescents, the over 65s and those who lack the initiative to come to the centres of their own accord. Reasons for the disparity between concern and failure to provide these services are not explored; nor is the claim that the existence of the National Health Service will preclude problems which have arisen in the USA. It is to be hoped that these and other issues will be pursued further now that the series has been inaugurated.

It is also to be hoped that much more will be heard about the "new communities" concept. Its architectural, clinical and social aspects need to be brought together and related to particular patients' needs. Psychiatrists might well focus attention in that direction: if the institutional era ends in an ugly way we will have much to answer for.

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