origins of Maghull Military Hospital, where an able and frustrated psychiatrist pathologist, R. G. Rows, was put in charge of a 'brilliant band' of people to treat 'war neuroses' by psychological techniques. This included a Professor of Anatomy, a neurologist, a psychiatrist, two psychologists and a doctor turned anthropologist – W. H. Rivers, who moved on to the officers-only hospital at Craiglockhart. 'Great was it in that dawn to be alive' – and it was not an entirely false one, although it did fade a bit in the light of common day, and poor Dr Rows faded away altogether.

The publishers claim that this volume, together with its predecessor (published by Gaskell in 1991), 'constitute the definitive history of British psychiatry since its formation during the 19th century'. Fortunately, no history is definitive, as the writing of it is an art form, where what is left out is just as important (and as based on personal choice) as what is left in. These two volumes make a fine pointillist picture (with a number of its best dots on Irish psychiatry), but it is not difficult to find bare areas of canvas. There is nothing on the effect of the accounts and reports by patients (apart from Clifford Beers), nor of the influence of voluntary organisations such as relatives' groups, nor of the 'media' – from the *Yorkshire Herald* in 1814 to Yorkshire Television in 1991. Perhaps the time has come to put the 'new biological psychiatry' into its historical context. Much of the thinking, if not the techniques, are akin to phrenology, as described in Dr Beveridge's excellent article in this recent volume. And what about developments in classification, the conceptual infrastructure which affects our thinking as much as the drains affect our health?

I have some criticisms. This volume costs £45, three times the price of Volume I – issued free to all the fortunate attenders of the Brighton meeting in 1991. It is essentially a browser's book, but beyond a browser's purse. At that price (plus a contribution from Zeneca) one would expect a high level of proof-reading. But alas, there are many minor errors, and, particularly, discrepancies between the references given in the texts and those at the ends of the chapters.

I must mention one: the 'chilling portent of the murder of mental patients under the Nazis' by Binding, a jurist, and Hoche (1922). 'The Sanctioning of the Destruction of Lives Unworthy to be Lived': this 'rationalisation for an apocalyptic euthanasia', is mentioned by Gottesman and McGuffin in their article on Eliot Slater. They express gratitude to Professor Peter Propping, Head of the Institute of Human Genetics at Bonn University, 'for calling our attention to this rare source'. But this rare source is not mentioned in their reference list. It is in fact easily available and fully discussed in Michael Burleigh's searing and scholarly book (1994) which should be compulsory reading for all psychiatrists.

We have escaped the Nazi eugenic regime, and benefited greatly from its refugees. But, as I write, a notorious public relations agent is handling the £1 million given to a pregnant woman, bearing eight foetuses. The more she bears to term, the more money she will get, and the more likely she and they are to die. 'Let's face it, that's market forces', he says. Beware the handbag. Perhaps its arguments and its effects on psychiatric care – both 'long-term' and 'managed' – will be a topic in Vol. III, or Vol. IV – a regular harvest, eagerly awaited.

BURLEIGH, M. (1994) *Death and Deliverance. Euthanasia in Germany 1900–1945*. Cambridge University Press.

J. L. T. BIRLEY, *Hereford*

Asylum Days – A Psychiatrist's Casebook. By PETER J. BLOCKEY. London: The Book Guild Ltd, pp 131. ISBN 107 3.

The dust cover of this book states: "The words 'padded cell' and 'ECT' fill most of us with dread but Dr Blockey finds much to praise in the old institutions and much to regret in their passing. Above all, he shows that enlightened mental hospitals provided care, attention and company – an alternative community for those who could not cope in society at large". From this you would imagine that Dr Blockey's book is a strong defence of the old type mental hospital and in turn possibly an attack on present trends in psychiatric care. Reading the book does not confirm this view.

Peter J. Blockey is the pseudonym of a psychiatrist now retired, who has worked in psychiatric hospitals in both Scotland and the north of England. Not only is the author's name an assumed one but the assumption of names extends to the hospitals in which he worked and the people whom he met, be they psychiatrists, administrators, nurses, social workers etc. He does refer to a number of psychiatrists *en passant* but only gives one his real name and that is Aubrey Lewis. He clearly describes Will Sargant but does not give him a name and some of the places and people with whom he worked are, I think, recognisable, but I do not intend to chance my luck by mentioning any examples.

Dr Blockey has written an account of a gentle, nostalgic meander through psychiatry as practised in the now rapidly disappearing psychiatric hospitals. Sometimes the meander takes the reader into a maze in which it is difficult to find the way but on the whole it is a pleasant and

informative journey. He sees many advantages in the old type of psychiatric care but does describe the blacker side of the coin and acknowledges that many asylums in the British Isles were not pleasant places. He says the conventional things about asylums being oases of peace and places where the abnormal and disabled could live safely within their own limitations and be treated with tolerance and understanding. He also comes up with the old chestnut about padded cells, claiming that most patients in padded cells were placed there at their own request because that is where they wanted to be.

My own experiences do not confirm this story and my memories of padded cells is of patients often screaming to be let out and exhibiting serious signs of fear and distress. In many hospitals in which I worked tolerance was also in very short supply.

There is little discussion of present day practice and the advantages and disadvantages of care in the community. Dr Blockey certainly regrets the disappearance of the old asylums and I think this is rather sad. They were not good places and community care with all its warts still offers a much better deal to the mentally ill and distressed. It would offer an even better deal if it had not been poisoned by political dictate and dogma, coupled with a delusional belief that providing care in the community is cheaper than keeping open large psychiatric hospitals. Our political masters should know that the old asylums were extremely cost effective while remaining destructive of the individual.

I enjoyed reading *Asylum Days* and I would recommend it as a book for the holidays.

TONY WHITEHEAD, *Brighton*

The Nature of General Medical Practice. Report from General Practice 27. 1996. £8.80. Royal College of General Practitioners, 14 Princes Gate, London SW7 1PU

This report is the outcome of a working party, set up in 1995, which aimed to clarify the essential content of general medical practice in light of recent changes which many regard as threatening its continued existence as a separate discipline.

Concerns have been expressed that the public health role demanded by the 1990 contract which links remuneration to achieving immunisation, cervical cytology, and health promotion targets, clashes with the personal doctoring role which aims to help individuals to make informed choices, including the option of declining preventive interventions. Fundholding and involvement in commissioning secondary care services has involved GPs in deciding, in a cash-limited NHS, who should receive expensive services and who should not, a rationing role which clashes with the role of advocate for each and every patient in helping them obtain the care they need. Meanwhile, the development of practice nursing, nurse-prescribing, and the increasing tendency for other health professionals to be found working from general practice premises, threaten to make inroads into work which has previously been the preserve of the GP.

The report states that general practice has begun to be portrayed as a place of work or a venue for a team rather than as a clinical discipline. It claims that the strengths and values of the individual disciplines that make up the primary health care team are being overlooked, deliberately blurred, or made insufficiently explicit.

Sections include an overview of the history of health and illness, to provide a context and educational framework, the need for a clinical generalist in first-contact care, the issues listed above which have placed stresses on general practice in the 1990s, the range of clinical competencies required, and the results of a consultation process designed to move the definition of the essential content of general practice forward.

The report highlights the need for a clinical generalist trained in diagnosis in primary care, where the predictive significance of symptoms is different from specialist practice. A generalist must have high levels of competence in areas of high usage or high risk and adequate competence across the full range of clinical skills. (Thus from the psychiatric perspective, GPs should be competent in managing the minor depressive and anxiety disorders common in primary care, and be able to recognise when someone is seriously ill enough to require specialist psychiatric services.)

The report cites the available evidence suggesting that it is cost-effective to keep patients away from expensive specialists unless secondary care is appropriate. (This implies for example that, while community mental health teams should be welcomed onto general practice premises in order to facilitate consultation and liaison, they should remain secondary care services accessed via GP referral rather than by direct self-referral in most cases.) Psychiatric nurses, counsellors, social workers, and community medical specialists, are all classified as separate from the "generalist care team" of doctor, nurse, and practice manager.

The report has been criticised for stopping short of making specific recommendations on whether GPs should involve themselves in population medicine, management, and purchasing,