

geriatric psychiatry there are numerous opportunities where one could do some productive research whilst carrying out clinical work. Facilities for research are not evenly distributed throughout the UK, so it depends on local needs and interests.

In the above paragraphs I have tried to answer some of the questions, but psychogeriatrics is a specialty which has some scope for innovations, and one could keep in touch with different kinds of services by occasional visits to different units in the country.

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### ***Italian mental health reform***

DEAR SIRs

On both sides of the Atlantic there has recently been a sudden and unexpected rise in the interest about the Italian Mental Health Reform ('Legge 180'). I was disappointed by the lack of depth in Dr Mosher's review (1982), but I found Dr Benaim's (*Bulletin*, January 1983, 7, 7-10) quite thorough and balanced, although I could not share his conclusions.

When the above mentioned Act was passed by the Italian Parliament in May 1978, the patient was the last concern in the legislators' minds. The outcome of that law was chaos beyond description, from which the Italian psychiatric service has, after four years, yet to recover. Many have and still are suffering, and the too easy prediction is that we have not yet seen the end of it. The differences of the availability and quality of the services between the North and the South are comparable to those between a modern western society and a pre-industrial third world country. Community psychiatry already existed in the North and represented a good starting point. The South was deprived of any basis, and since this was true also of most if not all medical services, still today there is a total lack of the political will to divert financial resources into this particular area of the newly instituted NHS. Arguably the worse effect of the hurried legislation has been the waste of public money, which should have been used to set up the much needed services. The provincial administrations, both in the North and in the South have had to arrange special schemes with private hospitals in order to cope with a population of new patients, who could not, by law, be admitted to a public psychiatric hospital, but still needed treatment! It must be finally noted that the Universities were not consulted, nor in any way involved in the reform.

The Italian Experiment is far from being a good example

of how to reform a psychiatric service, and a partial return to the status quo could revive a near collapsed situation. The prerequisite of any change should 'begin with a recognition of the disturbance, disorder and profound alienation . . . It is these features that make provision of good communal and institutional care so essential' (Scull, 1983). I fear that Dr Basaglia never completed such an analysis. Didn't he believe mental illness to be a myth?

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### REFERENCES

- MOSHER, L. R. (1982) Italy's revolutionary Mental Health Law: An assessment. *American Journal of Psychiatry*, 139, 199-203.  
SCULL, A. (1983) Whose dilemma? The crisis of the Mental Health Services. *British Journal of Psychiatry*, 142, 98.

### ***Creating a hospital information resource***

DEAR SIRs

Doctors working in psychiatric hospitals and units frequently receive an abundance of literature from the pharmaceutical houses and from other sources. Some publications are not worth the paper they use and are discarded, but others are of more value. A way of utilizing these is to create a number of files for the medical staff, trainees, registrars, senior registrars and consultants within the hospital or unit. The files can be kept in the hospital's medical library or in the doctors' common room so that they are accessible at any time.

An obvious application is the storage of the more scientific and factual booklets and papers relating to drugs used in the hospital. Once established the system invites extension to include other topics. It may be useful to have at hand information relevant to queries which arise in day-to-day practice such as medico-legal issues, particular psychiatric disorders and methods and procedures appropriate to particular problems.

Trainees can help themselves and their colleagues by adding information about subjects in which they are interested or to which they have needed to pay special attention.

The resource can complement each doctor's own personal collection of literature. It has the advantage that it provides in the hospital informative matter which doctors have not the time and space to keep individually within the working environment.

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