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ERIC HARTH, Windows on the mind. Reflections on the physical basis of consciousness, Brighton, Harvester Press, 1982, 8vo, pp. 285, illus., £9.95.

This is an elementary account of nervous anatomy and physiology and their relation to psychology. The author is a physicist and his somewhat external view of neuroscience is stimulating if sometimes over simple. He describes current theories of controversial subjects such as memory fairly and without too much dogmatism. Biologists will already be familiar with most of what he has to say but may be stimulated by his brief accounts of the relevance for neuroscience of some of the strange ideas produced by physical theory. He leans towards developments of the idea that a "microworld of ceaselessly moving molecules provides fluctuations which, in the case of very delicately poised chaotic systems, are sufficient to intrude on the world of large-scale phenomena". This sort of thinking is obviously tempting for dualists, but the author is careful to avoid committing himself. His discussion of the problems presented by the complexity of the nervous system is interesting but inconclusive. He tells us that "every one of the uncertainties decreed by contemporary science [read 'physics'!] plays a distinctive role in accounting for the phenomenon of consciousness". Nevertheless, "On the question of what biological or other equipment is necessary for the experience of consciousness... we still have few clues".

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MURRAY LEVINE, The history and politics of community mental health, Oxford University Press, 1981, 8vo, pp. 232, £11.00.

Murray Levine's book attempts to provide a political history of the community mental health movement in the United States, based almost exclusively on secondary sources, and concentrating on the events of the past two decades. His book is an interpretative essay rather than a detailed narrative account, and as Levine admits at the outset, "may contain more moralizing than many readers will find warranted, or even seemly" (p. 10). Its intended audience is made up of graduate students in psychology, nursing, social work, and public administration, as well as those already working in the field.

The book begins rather unpromisingly with two chapters surveying the care of the mentally ill in the United States since the early eighteenth century, and the involvement of the Federal government in mental health matters prior to the Kennedy administration and the passage of the Community Mental Health Centers Act. References to the "zeitgeist of change", "a general air of reform", and ideas whose time had (or had not) come (pp. 5–6) scarcely inspire confidence in the penetration of the analysis that is to come, and although Professor Levine has read much of the relevant secondary literature, he is clearly a little out of his element in this portion of the book. Amidst a rather flat précis of his sources, one finds lapses into anachronism (Poussin, governor of the Bicêtre when Pinel was appointed its physician, referred to as "an unlettered paraprofessional" (p. 14); Dorothea Dix portrayed as an early women's liberationist (p. 24)); and a propensity for sweeping and overstated generalizations ("from 1830 to 1945, there were no real developments in mental health services affecting the general public" (p. 31); "throughout the eighteenth century, lunatic hospitals were opened in cities all over England" (p. 13)).

Thereafter, the book improves considerably. A chapter on the legislation setting up the community mental health centres shrewdly points out its major deficiencies: the lack of coordination with other social welfare legislation; the failure to recognize that for community treatment to work, "a range of services not generally included under mental health would be necessary", such as "housing, income maintenance, transportation, and vocational and recreational needs" (p. 56); and an apparent blindness to the fiscal incentives such programmes as Medicare, Medicaid, and Supplemental Security Income provided to state governments to deinstitutionalize rapidly. The consequent disappointments associated with community-based

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care, the panacea of the 1960s and '70s, have recently begun to attract scholarly attention. Levine documents many of the more egregious failures – the revolving-door syndrome; the rise of a profit-making "trade in lunacy" centring around nursing homes, board and care facilities, and welfare hotels – and analyses quite well the role of the state and federal bureaucracy in promoting and covering up the whole sorry mess. At the same time, he insists that the fault lay in the execution rather than the conception of community-based care, pointing to a handful of successful pilot programmes as evidence that the approach can work well.

Two subsequent chapters examine the impact of the growing volume of mental health litigation on the delivery of care, and suggest that "while the results of litigation have often had important effects, too often the effects have been incomplete and fleeting" (p. 105). Generally, Levine is pessimistic about the chances for significant reforms flowing from this quarter, suggesting instead that "as the requirements for due process intensify, we will see more and more compliance on paper, for the record, with less attention to each individual" (p. 153). He concludes his book with a brief examination of the 1978 report of the President's Commission on Mental Health, pointing out the heavily political nature of its deliberations, the flawed character of the work done by its task forces, and the fact that the new mental health constituency is not the consumers of services, but "the set of providers of services and the research community that benefits economically from available funds" (p. 185).

In brief, this flawed and uneven book contains little new information, but provides a useful overview of major recent developments in American mental health policy.

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GEORGE QVIST, John Hunter 1728-1793, London, Heinemann Medical Books, 1981, 8vo, pp. xvi, 216, front., £8.50.

For Mr Qvist, the medical stage of the second half of the eighteenth century held but one actor, John Hunter. Before his entrance, "superstition played a large part in medical education". At his exit, he had founded and taught scientific surgery and pathology, achieved an unrivalled mastery in anatomy and physiology, revolutionized the outlook in geology, palaeontology, and natural history, and laid the foundations for Darwin's Origin of species. In reviewing Hunter's work on which he bases these claims, Qvist gives no other actor a part. His approach is typical of a long series of papers on Hunter in the Transactions of the Hunterian Society and Annals of the Royal College of Surgeons from which he took most of his information.

But Hunter was the product of an enlightened medical education from his brother William, Percivall Pott, and William Cheselden. Much of his early work, particularly on hernias and lymphatics and probably on the blood, was instigated by William, whose other assistants, Hewson and Cruikshank, also made important contributions in these fields. The tenets of *Naturphilosophie* may have underlain John's suggestion that embryos in development pass through stages resembling "less perfect" adult animals.

To mention but a few of John's contemporaries, Haller, amongst others, could challenge his mastery in anatomy and physiology; Cuvier's achievements in comparative anatomy and palaeontology bear comparison with John's; Gilbert White was an outstanding observer of nature. Men like James Hutton were also revolutionizing geology. William Hunter subscribed to the extinction of species and suggested that natural selection favoured the survival of the fittest. Matthew Baillie relied mainly on material from William's, not John's, museum to illustrate his *Morbid anatomy*.

There can be no doubt, of course, from the wide range of his interests and the high quality of his work, that John Hunter's achievements were very great, but until he has been set in the context of the work and ideas of his contemporaries, there can be no true assessment of his greatness.

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