

tasteless aside, Mrs Bucke finds the two buddies swimming in a pool, and strips off in front of both: the film-makers claim that this shows how Whitman's poetry "celebrated the joy of life, love and partnership", but it lacks all credibility and seems rather the sort of thing male directors put in whenever they can.

Led by their vicar, the local population are increasingly unhappy about the liberalisation going on in the asylum. Mrs Bucke, though, has started reading Whitman's poetry, and this does wonders for the Buckes' sex life; Whitman's own homosexuality is tactfully ignored. In the *dénouement*, Bucke arranges a cricket match between the patients and the town First Eleven: the spastic patient catches out the vicar, and the tea interval is taken after one over, suggesting that Canadians were failing to adopt a serious enough approach to the game. We are left to assume that the Buckes lived happily ever after and that Whitman went back to look after his brother.

Film-makers readily fall into the habit of representing a dispute as a Manichean struggle between good and evil, when reality is nearly always much more complex and messy. What actually went on at the London asylum was not on that heroic scale, but

perhaps a more accurate portrayal would have drawn few punters to the cinema. For a psychiatrist, it is disconcerting to find as the representative male patient someone who almost certainly was not mentally ill. The film-makers' reply that such a person would very likely have been found in the asylum is perfectly true, and one can appreciate that for their dramatic and visual needs, the person they chose performed very well. However, for those who are patiently trying to inform the public that psychiatric illness and mental retardation are two different disorders (even though they sometimes co-exist), this will be one more obstacle to be overcome.

Those who took part in the film generally played their parts convincingly, even if a few were assigned fairly stereotyped roles. However, Whitman (the unbelievably named Rip Torn) is so given to the delivery of lovable, homespun, crackerbarrel philosophy that one suspects he was largely playing himself. Yet in the short scene where he recited a passage from *Leaves of Grass*, he at last attains real credibility and dignity. In general, though, this film seems likely to be, as A. J. Ayer said, "of interest to those of us who are interested in this sort of thing".

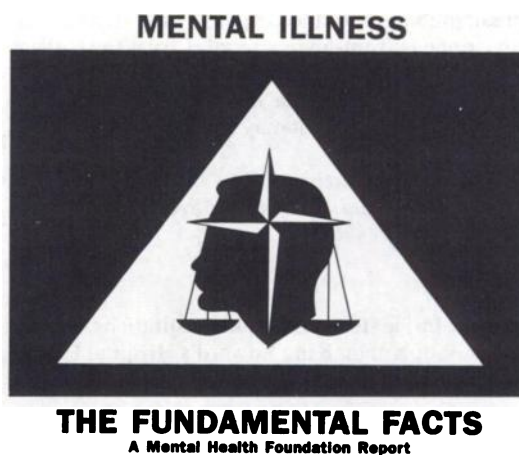
Psychiatric Bulletin (1991), 15, 251–252

Reviews

Mental Illness: The Fundamental Facts.

A Mental Health Foundation Report, 1990.
The Mental Health Foundation, 8 Hallam Street,
London W1N 6DH

There is no doubt that, despite the revolution in *systems* of information, the availability of some of the simplest facts remains variable and frustrating. This paradoxical situation has a number of causes, not least the desire to obscure or deflect criticism of services, as reflected in the government's direct cuts in its own information resources. Nevertheless, the structural changes in the NHS are based upon identifying more accurately how money is spent, and thus demand measures of activity at all clinical levels. If we wish to protect or develop the so-called priority services, we must put forward a well-documented case. Mental illness has long been overshadowed by the shroud-waving pleas of the more appealing charities (e.g. children, cancer, animals), despite its wider prevalence and impact. This booklet, of some



40 pages, from the Mental Health Foundation, sets out to counter such effects by providing some basic, and often startling, facts and comparisons. It is brief,

clear and selective, and in terms of content and format provokes questions as much as it supplies answers.

For example, an early diagram compares mental illness (not too clearly defined, but perhaps this is reasonable) with other diseases, including AIDS, pointing out that 1 in 10 people suffer from mental illness compared to 1 in 32,000 from AIDS. We are also told that current public perception is the reverse, which sounds true. But a reference for this vital point would have been helpful, although mention of a recent MORI poll concerning the public's knowledge of the types of mental illness is to be found later in the text. The authors acknowledge the problems of reliable sources, and list 18 main documents at the end. But in that (entirely laudable) desire to push their case they do, in some instances, leave the critical reader in doubt. It may be true that mental illness kills over four times as many people (20,000 v. 5,300) as road accidents, but 13,500 of these 'deaths' are within the elderly population (and presumably dementia-related?) and hardly treatable or preventable. Later they equate 7% with 1 in 10, and include the term "defective psychosis" (whatever that may mean) in the page on severe mental illness. Their comparison of hospital costs (£72 per day) with community-based local authority care (£22 per day) is unfair in not comparing severity or including the hidden costs of GP, CPN, family or welfare benefit funds.

But such criticisms are bound to arise given the tasks of brevity, visual clarification (the diagrams are perfect for slides, and probably designed thus) and lay readability that are inherent in such a booklet. In essence this is an admirable summary of the costs, comparisons and inequalities of mental health care. A further diagram of comparable charities would have been helpful, but as a counter to the "widespread public ignorance, apathy and stigma" the work done is front-line material. I trust the College will take up the torch, and that College members will push for action. As a *vade mecum* for the financially embattled psychiatrist it may also be a useful cudgel.

TREVOR TURNER

*Consultant Psychiatrist
Homerton Hospital, London E9 6SR*

Keepers: Inside stories from total institutions.

By S. Glouberman. King Edward's Hospital Fund for London, 1990. Pp. 148. £9.95.

We are presented with 12 people talking about their jobs: prison officers, nurses, helpers, etc, in five long-stay hospitals, four maximum security prisons and so on. Mentally handicapped children and adults, the physically disabled and elderly, and criminals are the inmates "kept". The workers' attitudes to inmates,

and to their staff bosses, their understanding of their duties and its distresses are displayed in unstructured tape-recorded sessions: but to what end? We are not told anything about the institutions, but from internal evidence they are all north American, probably all Canadian. Are they typical, the best or the worst, provincial or metropolitan? We are not told much about the people talking, their previous lives or personalities, so we cannot judge how much the perceived stress of the work is intrinsic to that individual and how much is made by the job as determined by the organisation (incidentally, officer or carer would be a less biased word than Keeper).

We read of a general trained nurse with experience of obstetrics suddenly working in what sounds like a mental handicap hospital, without any previous psychiatric training or experience, or any in-service study days, so her unease in the work is not surprising. We read of a social development officer in a prison, the very first woman in an all-male institution, her struggle to establish her position and her sexual entanglement with a prisoner; no generalisations possible here. Perhaps, however, these and the other histories would provide material for discussion seminars on hospital management.

The author writes that nursing homes, prisons and long-stay hospitals are total institutions, "our modern dungeons", attempts to improve which have largely failed, he says. This of course is sociologist's cant. British asylums have never been the same as prisons (except that both had locked doors), and to write that asylum improvement has largely failed is to show a total ignorance of what happened to the psychiatric hospital 1930–1970. What is a "Total Institution"? Something we have strong negative feelings about, says the author, and must fight to abolish. Perhaps this book is to offer further anecdotal evidence to this fight. J. K. Wing in *Reasoning about Madness* (OUP, 1976) and in the *British Journal of Psychiatry* (1990) 157, 822–827 has pointed out that the objection to asylums is often a purely emotional revulsion against compulsory stay in them, but objectors do not offer any practical alternative for the care of difficult, disturbed or disabled people. Some have no families, others harm their families or the families harm them. Of course institutions can be very bad: is it their size, their imposed extreme poverty, their form of organisation, uncaring management, or lack of inspections which make them so? Instead of total condemnation, institutions require detailed study of their workings. We are going to go on needing institutions, and the real problem is how to make them better and stay that way – better for the patients, better for the staff.

JOHN CRAMMER

*Emeritus Reader in Biological Psychiatry
Institute of Psychiatry
London SE5 8AF*