

problems arise where only midwives undertake 'normal' deliveries.

The authors claim that the creators of the National Health Service (NHS) did not "put in place any strong mechanism to address the major geographical and social inequalities in provision . . .", but standardisation of salaries and consultant norms did much to achieve this and the consequences of abandoning these remain to be seen.

We should offer appropriate training to overseas doctors but not use them to fill posts unacceptable to our own graduates.

The issue of perverse incentives is discussed and there is little support for the idea that private practice in any way underpins or supports the NHS.

It is astonishing that we have so little information on the fate of home graduates. We do not know how many emigrate or leave the profession altogether and there have been few studies of career satisfaction.

The authors do not discuss the issue of conservation of the present workforce. Freeing clinicians to undertake their clinical tasks, periodic review of institutional factors which induce stress and more effective recognition and management of stress-related problems might reduce inefficiency, absence and premature retirement.

This book provides an important contribution to a debate of concern to all of us.

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**The Anne French Memorial Lectures.** Edited by ARTHUR HAWES and WILLIAM HUGHES. Norwich: David Benham. 1996. 106 pp. £4.00. ISBN 0-952570-44-0

This is a remarkable little book – a 'proceedings' with a difference and at a cost you can afford – which contains six lectures within the field of psychiatry and religion (mostly Christianity), brought together by pioneering Norfolk collaborators Arthur Hawes, hospital chaplain, and college tutor, William Hughes. With help from Brigadier French, in memory of his wife, and the Bishop of Norwich, they wished to convey the content and dialogue of these public lectures. The editors were committed to a holistic approach to people and regard this as a useful bridge between psychiatry and religion.

The book is probably neither a priority for a psychiatric library, where it might get lost or fall apart, nor is it mandatory reading for a candidate taking the MRCPsych or wishing to impress a postgraduate dean at the final RITA assessment. However, the symbolism of the book is a key to its importance and understanding – the reader

can jostle with eminent theologians (Montefiore, Elliott and Jenkins) and be made aware of their shared concern, yet also dissonance with distinguished psychiatrists (Paykel, Sims and Murphy). The impact of the book, therefore, is greater than its individual chapters. The ideas presented are broadly within the field of ethics, philosophy, psychotherapy and pastoral counselling – and include a useful summary of core Christian theology (Montefiore).

I found reviewing the book refreshingly stimulating, but several of the chapters may challenge assumptions or defy belief. This applies mainly to those by the theologians, as the psychiatry is more routine. David Jenkins' lecture, for example, must have been memorable at the time, as he provided a pungent critique of a restrictive view of psychiatry by teasing both ourselves and theologians for any grandiose attempt to be the 'curer of souls' (the root origin of the word 'psychiatry'). How can psychiatrists trained mostly in biomedical sciences, he asked, treat souls? "What an odd notion that there should be medical techniques for healing/coping with/affecting souls". There are numerous other quotable references which if taken out of context could be misconstrued as some of his more pungent theological statements have been, e.g. "Psychiatry 'hovers' in the potentially creative nonsense area either on the fringe of medicine [of course it is very important not to locate it outside the area of medicine or the salaries will collapse!] or else very much inside medicine but in a way acting as the very important joker. A joker which upsets the pack by asking things like 'How can the techniques, manipulations, mechanics and biochemistry of medicine help souls? What are the limits of this sort of 'iatry' [the activities of medical interventions, the use of drugs and so on]?" Jenkins then explored parallel problems for those theologians who distance themselves from parishioners and retreat into abstruse theology. He described analogous problems for both disciplines relating to limit-setting, availability and problems of 'burn-out'.

The chapters by Charles Elliott set out to answer two questions: the relationship between the unconscious and the real world and what account Christians can give of hope and redemption in the light of this relationship. This chapter included a critique of traditional theories of atonement and has a useful summary of Kleinian ideas. There is also a valuable discussion of memory, with reference to what the Christian 'memory bank' offers. These he lists as harmful memories not necessarily having the last word – they are not unforgivable or unredeemable. Cultural memories ('difficult times'), including morally ambiguous times like colonialism, can be challenged and corrected by cultural memories of which "we are the inheritors" – here

referring to the Judaeo-Christian tradition including the Exodus, Cross and Resurrection.

I read the chapters by the psychiatrists with particular interest because of their agreement to take part in the lecture series, which conveyed their awareness of the subject's importance and of the limitations of psychiatric knowledge. They remind the reader of the dividing line between descriptive psychopathology and religious experience (Sims) and that psychiatry, psychoanalysis, behavioural psychology and biochemistry had "no claim whatsoever to provide fundamental systems of thought to replace religion" (Paykel). Gene Paykel also referred to Desmond Pond's Riddell Memorial Lectures in 1971 on 'Counselling, Religion and Society' and to the case for collaboration between sacred and secular community organisations.

Elaine Murphy delivered a more straightforward account of issues of freedom and dependency when caring for the elderly, with a particular discussion of the ethics of physical restraint, and the principle of the least restrictive alternative.

The editors may already have noticed several proofreading errors and may regret not encouraging the greater use of subheadings or of a firmer binding, but they should be pleased with the first fruits of their labours. They may now have to decide whether the opportunity for dialogue between religion and medicine is to be restricted to that between Christianity and psychiatry or whether broader issues of medical practice are on the agenda – and so lose some of the focus and thrust of arguments which for me provided a stimulating reflection on routine clinical work. They should be encouraged to seek a major publisher so that the ideas can reach a yet wider readership. Yet be warned, as you read this book with an appropriately critical attitude, in case you are unexpectedly asked to deliver the next lecture. That was *my* experience – no sleaze or conflict of interest, of course.

JOHN COX, *Keele*.

**A Century of Care. A History of St Luke's Hospital, Middlesbrough.** By MALCOLM RACE (in collaboration with South Tees Community and Mental Health NHS Trust). Middlesbrough: South Tees Community and Mental Health. 1998. 95 pp. £3.50 (pb).

Malcolm Race's energetically thorough work colourfully draws on the accounts of former staff members and documentary evidence to commemorate the Centenary of St Luke's Hospital. Before 1898, Middlesbrough patients were admitted to the North Riding County Council's Asylum at Clifton in York. In February 1892, the North Riding gave notice to Middlesbrough

County Borough Council to withdraw its patients from Clifton within two years. St Luke's cost £107,000 to build and opened on 15 June 1898, named the Cleveland Asylum and standing in 100 acres near to Captain Cook's birth place in Marton. The original design accommodated 130 patients of each gender, with a farm, church, physician superintendent's house having a covered walkway to the hospital, as well as a mortuary and an isolation hospital.

Many interesting facets are brought out in this enjoyable book. The first medical superintendent was Dr George Stevens Pope who earned £350 a year with free house, coal, gas, water, washing, rates and taxes. The main attendants-in-charge earned £37 per year and females with the same duties earned £20 per year. On his retirement Dr Pope became the Lord Mayor of Norwich.

From its opening, contracts to take patients in Middlesbrough from Hereford, North Wales, Suffolk and Cornwall were established. The cost of such extra-contractual referrals was then 14 shillings per week. In 1910, 143 of 417 patients were 'out of County' especially from Essex, South Shields and Chester. This yields a sense of there being nothing new under the sun as we have had extra contractual referral patients recently on the Special Care Ward from Essex and South Shields.

It is interesting to regard that the clear scrutiny of the Commissioners of the Board of Control in the 1920s was critical of patients' food being monotonous and clothing being unstylish. All minor purchases such as soap dishes had to go through the Asylum Committee.

St Luke's was possibly unique among hospitals in having its own railway siding to supply the hospital, which survived until 1961. The reopening of such a link to South Cleveland Hospital has been reconsidered.

In 1947, Dr T. Martin Cuthbert became Physician Superintendent. Up-to-date treatments had been delayed due to difficulty in recruiting medical staff, yet Dr Martin Cuthbert implemented electroconvulsive therapy quickly and gathered a highly competent team of colleagues. Dr Donald Webster learned the techniques of insulin coma therapy in 1947 and also pioneered air encephalography, the forerunner of magnetic resonance imaging and single photon emission computerised tomography used today at South Cleveland Hospital in the original St Luke's grounds. St Luke's had only four long-serving Physician Superintendents, the last of whom, Dr Cuthbert, retired in 1974.

He was the last President of the Royal Medico-Psychological Association (RMPA), and Interim President of the Royal College of Psychiatrists, the first elected President being Professor Sir Martin Roth. The RMPAs 129th Annual General