

they move from one type of environment to another. This is true, for example, of various treatment settings. It follows also that changes in one setting, say an in-patient unit, do not necessarily predict behaviour in another, say the patient's home or place of work. Nevertheless, many professional people do believe that the social environment of a treatment unit can play a crucial part, for better or worse, in determining the therapeutic outcome. In order to evaluate these beliefs it is necessary to have some means of measuring those aspects of the environment which are regarded as most influential.

Moos and his co-workers have developed a set of scales designed to measure social relationships (involvement, support, spontaneity), treatment factors (autonomy, practical orientation, personal problem orientation, aggression), and management problems (organization, programme clarity, staff control). There are slightly different forms for in-patients and other units. The questionnaire is given to staff and patients separately. These scales produce profiles which are reasonably reliable and stable over time, even while personnel and patients are changing.

The studies reported here, carried out in the United States, Canada and Great Britain, deal with a very wide diversity of treatment settings, ranging from highly organized and staff-controlled, through heavily task-oriented but with strong staff-patient co-operation, to completely laissez-faire. Although no particular treatment values are built into the scales, the descriptive profiles (particularly perhaps the differences between the staff and patients, between actual and ideal environments, and between one period of time and another) do give a fair idea of what is going on. Moreover, discussing profiles with the people concerned is often a useful way of gaining knowledge and clarifying goals.

A number of correlations are found which perhaps are unsurprising. Thus the smaller, higher-staffed units tend to be able to emphasize personal relationships more and staff control less, though this is by no means always true. Patients in poorly staffed units tend to want more emphasis on relationships. Patients and staff in units where aggressive behaviour is common tend to want more staff control. The more professional staff there are, the more the emphasis on treatment and the less on organization, though, regrettably, there seems to be no correlation either way with relationships. No follow-up studies were undertaken, and the attempt to evaluate the effectiveness of various types of ward environment in terms of drop-out rate, length of stay and readmission rate did not lead to any simple conclusions. It is in this area that further work is most needed in order to demonstrate, first, that the scales do measure the

most important variables and, second, that a favourable environment measured in these terms does contribute to a successful outcome after the individual leaves the unit. Undoubtedly, such research, if fruitful, would also demonstrate that there are specific interactions between types of environment and types of patient or client, rather than an overall therapeutic effect of one type of community on all those needing help.

So far, therefore, the scales described in this book are still in the stage of development. They appear promising as research tools and may also succeed in stimulating staff and consumers into a useful discussion of what they are all trying to do.

J. K. WING.

**Just an Ordinary Patient** (A Preliminary Survey of Opinions on Psychiatric Units in General Hospitals). By WINIFRED RAPHAEL, with commentary by R. K. FREUDENBERG. London: King's Fund Books. Pp. 45. Index 3 pp. Price £1.30.

One of the most important policy decisions of the past two decades was that general hospitals should include psychiatric units. Although this view has been held since 1959, its implementation has been very gradual, and by 1969 only 17 per cent of all psychiatric admissions were to general hospital units. The evaluation of such units has been largely neglected, and the information that has been accumulated has mainly been by psychiatrists for psychiatrists and been published in specialized journals.

The merit of this publication is that it is based on broad-spectrum consumer research, i.e. it expresses the very divergent views of staff, medical and non-medical, who work in general and traditional psychiatric hospitals, as well as those of the patients. There is little point in us as a profession endlessly complaining about the lack of financial resources, because, as Mr. Enoch Powell clearly stated when Minister of Health, the National Health Service will never be able to meet the limitless demands made upon it. What we need to do is to use the resources we have to the best advantage, because if we cannot have extra money we will have to think more instead.

This booklet gives plenty of food for thought. It considers the buildings in which we work as well as the attitudes of staff and patients to a wide range of treatments and issues. Do psychiatrists know what patients think of ward rounds; are occupational therapy departments being as imaginative as possible in finding jobs for patients to do which will help them regain their self respect? As in-patient beds become increasingly expensive to maintain, day hospitals are going to be utilized to a greater extent. General

hospital units have many advantages but also a number of potential disadvantages, especially if situated on the third floor of a tower block, with the possibility of medical scientists above and below who may not be in sympathy with disturbed adolescent acting-out behaviour. The planning of such units is of crucial importance if a therapeutic and homely atmosphere is to be created. Large psychiatric hospitals, in spite of greater prejudice against them and problems of sheer size and location, are going to continue to play a major role in the delivery of patient care for many years to come. There is something for everybody to learn from in *Just an Ordinary Patient*, and the King's Fund are to be congratulated on this publication, which is clearly and concisely set out.

DESMOND KELLY.

#### MISCELLANEOUS

**Fire and Fire-Raisers.** By DONALD SCOTT. London: Duckworth. 1974. Pp. ix+147. Price £3.45.

The psychiatrist who writes a book to appeal to the general reader as well as to the professional is always in danger of misleading the former by avoiding contentious or critical issues and annoying the latter by taking such a course. This book often falls into this almost inevitable trap while culling some interesting material on fires and fire-raising from historical and literary sources as well as from the author's own clinical experience. More seriously, however, will psychiatrists or those professionally concerned with the control of fire actually recognize the shaky basis of so many of the everyday assumptions regarding arson and arsonists which Scott puts forward without critical comment? For him it is 'quite clear' that the finding of the Fire Research Station that 'maliciously started fires caused much more damage than did fires of accidental origin' (p. 33) is simply due to accidents being reported quicker than acts of arson. Equally, of course, one could argue that with serious fires the search for causes may be more intense, for, as he points out four pages later, 'all fires in which the losses amount to £10,000 or over are investigated' (p. 36). Ironically, his section on the Great Fire of London endorses the importance of search procedures, for on that occasion the supposed arsonist was a political scapegoat who was hanged, yet probably the Fire was an accident. Later, Scott uses this event to indicate how 'suspicion is always cast on minorities'. He asks why, for example, epileptic people are blamed, but earlier he himself is not loath to speculate that the poet, Walt Whitman, may have been an arsonist, for part of the evidence is that as a homo-

sexual 'we could postulate that he was lacking in "maleness" and that he made up for this lack by identifying with firemen and soldiers' (p. 94). He questions the evidence about epilepsy, so why not the supposed link with homosexuality and other presently accepted 'facts' about arsonists? It appears that to question the evidence gained from what are in effect highly selected samples of arsonists in places such as Broadmoor and Grendon Underwood would be too unsettling. *Fire and Fire-Raisers* is a very readable book but, regretfully, nothing the author says will surprise or provoke a psychiatrist to reconsider some of the assumptions he may hold in this area.

KEITH SOOTHILL.

**Drug Treatment in Psychiatry.** By TREVOR SILVERSTONE and PAUL TURNER. London: Routledge and Kegan Paul. 1974. Pp. vii+210. Index 13 pp. Price £4.00.

The scope of this book is wider than its title suggests. The authors aim to 'provide an introduction to psychopharmacology' and to 'place drug therapy on a sound physiological and pharmacological basis wherever possible'. The result is a book which will appeal widely to libraries catering for medical undergraduates, to general practitioners and to some post-graduate psychiatrists seeking an informative but relatively unsophisticated text.

The first seventy pages deal with general principles. The complexities of central nervous system transmission are explained with as much clarity as a reader could fairly expect, and there is a useful section on methods of studying behavioural effects of drugs. In the second part a chapter is given to each of the major psychiatric syndromes: thumb-nail clinical sketch (pretty unrealistic), biochemistry, details of drugs available and a recommended treatment regime. This format—as the authors acknowledge—entails considerable repetition; this will infuriate some and reassure others. The book ends with interesting chapters on sleep disturbance, sexual problems, appetite disorders and pain, and a sketchy section on child psychiatry.

The question of whether to give detailed references in a text of this sort is clearly a tricky one. The authors have decided against, and opted for a brief suggested reading list at the end of each chapter. I think this a most unfortunate decision, and one which will restrict the usefulness of the book for postgraduates. Many will remain faithful to the unashamedly scholarly *Clinical Psychopharmacology* by Shepherd, Lader and Rodnight.

DAVID JULIER.