It is surely unnecessary in a psychiatric journal to offer much of a preamble to the actual details of Miss Brooke's latest statistical broadside. (Though the "latest", it has taken over three years for these results to appear, which removes a good deal of their value.) The first question to ask is whether the totals measure up to the Tooth and Brooke forecast of 1961. On the whole, the answer seems to be "yes". On 31 December, 1963, there were 132,895 patients in beds for mental illness in all hospitals, as well as 58,373 in hospitals for the mentally subnormal. The first figure shows a decline of 20,000 from 1954 and of 12,000 from 1959, though admissions have continued to increase. So far, this total is about right for the arithmetical projection of a decrease by 1975 to half the 1954 figure, giving a national standard of 1·8 psychiatric beds per thousand population. But the process depends more than anything on the decline of the long-stay population, since the numbers of acute patients are likely to rise, if anything, with the opening of more general hospital units. Here, the situation becomes more complex. Miss Brooke says that the fall in long-stay patients—22,000 from 1954—is even sharper than that of the total, and that this "may be regarded as releasing 22,000 beds for the active practice of psychiatry among more recently admitted patients. This in turn should help to reduce the build-up of the future long-stay population." However, Watt (1) has analysed the census to find an actual increase of long-stay residents between 1959 and 1963, from 77,711 to 88,684, whereas the predicted figure should have been 50,000. At any rate, up to the end of 1963, the overall decrease was still occurring somehow.

An even more serious complication to the figures is the proportion of geriatric patients. In this census, the number of resident patients aged 65 or over was more than 6,000 greater than that of 1954, making almost 40 per cent. of the total. Unfortunately, the whole statistical argument about psychiatric provision has been bedevilled from the start by a failure to draw any uniform distinction between psychiatric and geriatric beds. Exactly the same kind of patients are found in psychiatric hospitals, geriatric units and local authority welfare accommodation—the proportions varying in different areas. The only way of sorting out this muddle is to include in the category of psychiatric beds only those required for the short-term treatment of psychiatric disorders in the elderly. All other accommodation for old people should then form parts of a unified service, in which psychiatrists will need to co-operate with geriatricians. With the present age projections of our population, this kind of service will have to be enormously expanded, and any decrease in psychiatric beds is quite irrelevant to it. Of course, the present census includes many schizophrenics who came into mental hospitals years ago and have grown old there, and this complication may gradually diminish as methods of management change.

The census also revealed 62,000 schizophrenics, accounting for 47 per cent. of the total in mental illness beds. Any further reduction in hospital provision is certainly going to affect this group very strongly. In a very gloomy editorial (2) the *British Medical Journal* questions how much the fall in mental hospital population from 1954 is a "sociological conjuring trick" and how many of the former patients are homeless, in lodging houses, or awaiting medical reports in prison. But even in the most custodial days of mental hospitals, schizophrenics were admitted there very selectively, and plenty existed (though probably unrecognized) in prisons, workhouses and under hedgerows. The fact is that a large proportion of schizophrenics need intensive treatment and care over long periods, which they often fail to receive in hospital. Their actual place of residence may be of comparatively minor importance.

And this, unfortunately, may be true of the whole statistical exercise. The idea of planning medical services on the basis of a uniform proportion of hospital beds for the whole country has become obsolete with alarming speed. It may be more important for an area to know its number of trained social workers, or ambulance seats or sheltered workshop places, than the number of hospital beds. Whether or not Tooth and Brooke hit their 1975 target now seems rather irrelevant to the real problems of psychiatric care.

HUGH FREEMAN.

REFERENCES

1. WATT, D. C. (1967). *Lancet*, *ii*, 263.
2. *British Medical Journal*, (1967), *i*, 781.

Commission of Enquiry on Mental Illness, 1966. Dublin: The Stationery Office. Pp. 181. Price 7*s.* 6*d.*

This report resembles very strongly in its findings and conclusions those of the English Royal Commission in 1957 and of the American Joint Commission in 1961. In fact, there were several British members of this Irish commission of inquiry, and close contact was maintained with the Ministry of Health in London. It is clear from the report that a great deal needs to be done for the mental health services in the Republic of Ireland. The general position would seem to be similar to that of this country in the early 1950s. The most striking piece of evidence is that Ireland had 7·3 psychiatric beds per thousand population in 1961, which seemed then to be the highest in the

world. As there has been virtually no psychiatric research bearing on this question, the reasons for this exceptional rate of hospital residence can only be guessed at. But the commission felt that emigration, unemployment, a low marriage rate, social and geographical isolation and the public attitude towards mental illness might all be relevant. The recommendations follow closely what has been planned (but only very partly achieved) in this country. Short-term treatment should take place mainly in general hospital units, but at the same time long-stay hospitals are to be transformed into rehabilitation centres and closely linked with other psychiatric services. It is hoped that the number of long-stay beds can be reduced by half over fifteen years. Special facilities are recommended for children, adolescents, the aged, drug addicts, alcoholics, epileptics, psychopaths and other particular problems. Professional staffing and training, medical education, public education and other "preventive" measures should all be improved; liberalization of the law is recommended, with informal admission. One can only applaud all these excellent suggestions, but at the same time wonder how the resources of Ireland could provide a mental health service on this scale. It is to be hoped that Ireland will at least be spared the grandiose and unrealistic plans which have afflicted this country in recent years, and cut its coat to match its cloth.

HUGH FREEMAN.

The Mental Patient, Work and the Community. Edited by JEAN-MARC BORDELEAU and B. GASTON GRAVEL. Issued by the Press of the Hospital of Saint-Jean-de-Dieu, Montreal-Gamelin, Quebec, Canada. 1967. Pp. 211. Price $2.

This publication is a record of papers presented at a two-day conference of psychiatrists and other experts in the psychiatric and industrial fields, held on 8 and 9 November, 1966.

The symposium was organized with the collaboration of three psychiatric hospitals, namely, Saint-Jean-de-Dieu, Saint-Charles de Joliette and Les Laurentides, and with the blessing of the Minister of Health for Quebec.

It was apparently an eminently successful meeting, and the considerable interest aroused by the topic under review was instrumental in precipitating a unanimous desire to publish the papers, discussion and conclusions in volume form.

Following some introductory remarks by the Matron of the Hospital of Saint-Jean-de-Dieu, the theme of the conference is announced by Dr. Gravel. In effect, the gravamen of the totality of discourses is that work is not only a therapeutic instrument but is part of the technique of re-adaptation of the mentally ill, and also a prophylactic measure calculated to prevent psychiatric illness.

This thesis may initially appear naive by European standpoints, and, of course, as a formula it is a trifle too simplistic. Nevertheless, it is impossible to cavil at the bounding enthusiasm and optimism displayed by the participants in the symposium. They have naturally modelled their efforts upon European patterns of occupational and diversional outlets with an industrial orientation, wherein the sheltered workshop takes a predominant place.

Rehabilitation is now called re-adaptation and in one hospital, the "head ganglion" of the system, namely, Saint-Jean-de-Dieu, an "organigram" is designed for each patient undergoing "ergotherapy" which contains amongst other things, it is interesting to note, an item called "cinematherapy"! The perfectionist critic might somewhat cynically point to the extension *ad absurdum* of therapies to include a never-ending variety devised by individuals without qualifications to clamber on to the medical bandwagon. These must be tolerated these days in view of the enormous mass of misery extant coupled with gross numerical insufficiency of medical and other personnel.

In view of the number of speakers, thirty-seven or so, the papers are of necessity short but admirably free from verbiage. In four sessions much ground is covered dealing principally with industry and the problems of re-integration of convalescents into the community via intermediate hostels, sheltered workshops, labour exchanges and the equivalents of our disablement resettlement officers.

One interesting document requires especial attention because of its charming lyricism, emanating as it does from Persia. It commences with the statement that the torch lit at the dawn of history on the plateau of Iran has never been extinguished. Furthermore, and with still less relevance, "the nature of the country makes each Iranian a poet. Even the humble peasant regards the earth with the eyes of a poet." Finally, "the Iranian poet composes his verse by the flame of a candle, and when the candle goes out, he continues to write the poems by the light of the eyes of his Persian cat". A delightful *non sequitur*!

The second session deals largely with the abundantly familiar topic of the attitude of employers and the populace in general towards the mentally afflicted.

During the third session some interesting matters are raised, one of which appears heretically to suggest that modern chemotherapy has impeded the march of ergotherapy. A notion is also put forward which