example he very readily seizes, from among a variety of possible explanations for confused behaviour, those which might indicate that mistaken assumptions on the part of staff are responsible: see for example the illustrative conversations on pages 48 and 49. Thus, an old lady who in response to a question as to whether she has 'a comfortable bed' replies on the assumption that one has asked her whether she has 'a comfortable bear' may well be deaf; but this is hardly, as the author would have us believe, a total, or even the main explanation for this misinterpretation—more important is a disturbance of mental 'set' which makes it impossible to discriminate between the contextual relevance of comfortable 'beds' and comfortable 'bears'. This bias towards making dementia disappear underlies the book's thesis: the author approvingly quotes the comment that senile dementia is 'merely a medical expression of despair' (page 40).

However, the author's main finding, in what he admits is a small sample of homes, is important: that so-called 'separatist' homes collect not merely the confused, but all sorts of other stigmatized or rejected groups. This may of course not be true of most or even of many such homes, but it is important to recognize that special homes for the confused may become dumping grounds for unwanted people with undesirable characteristics not necessarily related to confusion. For example in Chapter 10 Meacher makes the point that merely to have been in a psychiatric hospital, whether or not one is confused, may result in an old person being placed in a 'separatist' home rather than an ordinary home. These are important dangers which deserve to be noted and prevented. But the very use of the term 'separatist' is tendentious; whatever the dangers of such homes, one might as well speak of a 'separatist' accident department, intensive care unit, or what have you. The word 'separatist' merely reflects the author's viewpoint, and the word 'special' is just as appropriate if one wishes to emphasize a different point of view.

After the author's massive review, it is something of a surprise to come to the conclusions in the final chapter, which are in fact much more 'moderate' than the text leads one to expect. There is no firm proposal to abolish 'separatist' homes. The final chapter on 'Integration' is, rather surprisingly, a statement which most of us would probably subscribe to with few reservations (though it is made more difficult to assimilate by the interpolation of a lengthy classification of confusion which in some measure replicates an earlier section of the book). The chapter is in two parts, 'short-term' and 'long-term' solutions. 'Short-term solutions' depend on the fact that many confused patients can be looked after in ordinary homes and that it is often to their benefit to be among unconfused people. This proposition would command pretty well universal assent, for already about half and often more of the residents in ordinary homes are demented; one octogenarian in five is demented. As the old get older and thus there are more demented people among them, residential homes will be catering chiefly for the demented. The insufficiency of even sophisticated domiciliary services to cope with all of even mildly demented patients derives chiefly from the practical fact that the mildly demented often need 'round-the-clock' care, rather than necessarily 'total' care—many need merely an eye kept on them rather than any 'heavy', or skilled, procedures, but this must go on pretty well all the time. Thus, for a given level of disability, the demented are more likely to have to be admitted to residential care than people with other disabilities.

When one turns to Meacher's 'long-term solutions', one expects to find him arguing that ultimately 'separatist' homes should disappear; again rather surprisingly, he seems to say no such thing, but sets out instead a series of principles of prevention and early detection which not only come as an anticlimax, but contain nothing new (and nothing that is exceptionable), though of course much of this is at present a pious hope. Unfortunately the evidence that early intervention can actually prevent intellectual deterioration in all but a handful of specific conditions is pretty shaky; more important is that dementia should be recognized, which it too rarely is, and properly assessed, and that surveillance and support should be brought to bear.

There is in fact virtually no objective evidence (still less any controlled studies) on the optimum mix of rational and confused patients in different settings. This issue is relevant to all social and medical services for the elderly (and not least to psychiatric units, nearly half of whose in-patients may be elderly) as well as to residential provision. The author at one point (page 485) speaks of a 'rough numerical balance' being about right, but obviously it is high time that this matter should be more exactly investigated, and we at Goodmayes are hoping to obtain funds to begin to do so.

TOM ARIE.

TREATMENT SETTINGS

Evaluating Treatment Environments. A Social Ecological Approach. By RUDOLF H. MOOS. New York: John Wiley and Sons. 1974. Pp. xxi+377. Index 11 pp. Price £8.90.

The work described in this interesting book is based on a premise which is coming to be widely accepted: that people often behave differently when

https://doi.org/10.1192/bjp.126.5.483 Published online by Cambridge University Press

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

https://doi.org/10.1192/bjp.126.5.483 Published online by Cambridge University Press