

director, Robert Felix, drove forward an ambitious programme based on the idea that mental illness could be prevented by early attention to psychosocial factors. Torrey argues that the closure of psychiatric hospitals had, in fact, little to do with the new federally funded community mental health services as these had little interest in caring for people with serious mental illnesses:

From the late 1960s onward, the exodus of state hospital patients was on autopilot, driven by availability of antipsychotic drugs, which got the patients well enough to be discharged; the availability of federal Medicare and Medicaid funds, which effectively saved state funds; and court rulings which encouraged patient discharge.

For Torrey, 'deinstitutionalisation per se was not the mistake. The mistake, rather, was our failure to provide continuing treatment and rehabilitation for these individuals once they left the hospitals'. He provides numerous anecdotes, expert opinions and research evidence, detailing the desperate boarding houses and nursing homes that many were discharged to, as well as the growth in homelessness, victimisation and imprisonment in this population. The picture Torrey paints seems to me to be too negative, giving too much weight to worst case scenarios. The parade of examples of homicides by mentally ill people is attention grabbing but it is stretching the truth to suggest that all of these could have been prevented if appropriate treatment had been made available to them.

Torrey proposes a number of solutions, including quadrupling bed numbers from the current low level in the US of 14 per 100 000; more compulsory treatment in the community; greater continuity of care; better rehabilitation services; robust independent inspection of services for the mentally ill; abandoning the support of for-profit services; sharing of information between agencies; and strong leadership. Torrey would like to see 'mental health centres' being rebranded as 'mental illness centres' as part of a process of shifting resources back towards the most severely mentally ill. More radically, he suggests that the justice department could formally take over as the provider of mental health services and that disability payments should be tied to treatment compliance.

This is a fascinating behind the scenes look at the historical evolution of community mental health care in the United States. Some of it, such as the conflicts of interest between the states and the federal government is particular to the United States, but much of it is more generally relevant. From an Irish perspective, it is interesting to reflect on our own shift towards the provision of mental health services to a widening community, and whether this has been to the detriment

of those who were served by the old hospital system. It seems to me that we have done better in providing services for those who were or would have been institutionalised but Torrey certainly provides plenty of food for thought as we continue along this path. This is an impassioned, intelligent but at times, overzealous book that argues for the reprioritisation of mental health services towards the needs of those with the most severe mental illnesses.

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What the Doctor Saw. By Maurice Guéret (320pp.; ISBN 9780955270185). IMD: Dublin, 2013.

What the Doctor Saw is a fascinating, valuable compendium of observations and reflections on medicine in Ireland and the broader world, presented by one of Ireland's foremost medical commentators, Dr Maurice Guéret. Dr Guéret is a registered specialist in general practice and member of the Society of Medical Writers. He was previously health columnist at *Image* magazine and his work has appeared in various medical newspapers including the *Irish Medical News* and *Trinity Medical News*.

What the Doctor Saw comprises various articles and columns written by Dr Guéret between 2003 and 2013. Some of these pieces are previously unpublished while others already appeared in print elsewhere, especially in Dr Guéret's *Rude Health* column in the *Sunday Independent's Life Magazine*. For the purposes of the book, some of the pieces have been re-edited somewhat, with postscripts and footnotes added where appropriate.

The topics covered in *What the Doctor Saw* are as diverse as they are involving. They range from 'Patient Bloopers' to 'the Irish Daddy', from 'Celebrity Doctors' to syphilis ('A Pox on the EU'), and from the 'Nobel Prize for Medicine' to 'Suicide Bombers'. The heart of the book, however, lies in Dr Guéret's thoughts and reflections on clinical medicine and the Irish health service.

There is an extraordinary richness of articles here to choose from, but, for me, some of the most outstanding articles dealt with compensation for individuals affected by thalidomide, 'the Health of Travellers' and 'Antibiotics and Probiotics'. There is also an especially

interesting piece about 'How Doctors Think', a topic of perennial interest. Perhaps predictably, though, as a psychiatrist, I was especially interested in Dr Guéret's reflections on the history of psychiatry and specific aspects of mental health care in Ireland and elsewhere.

Thoughts on the history of psychiatry

The cover of *What the Doctor Saw* displays a photograph of the author's maternal grandfather, Dr William J. Coyne, chief psychiatrist and resident governor of the Central Mental Hospital (CMH), Dundrum, Dublin. The CMH is an extremely interesting institution that finds its early roots in the Lunacy (Ireland) Act 1821, which directed that applications for admission to *general* psychiatric hospitals needed to be accompanied by a medical certificate of insanity and a statement from next-of-kin confirming poverty; applications were then considered by the physician and manager of the asylum, and presented to the Board for acceptance.

The 1821 legislation also, however, directed that individuals who were insane at the time of a crime could be acquitted in court but detained in indefinite custody at a psychiatric institution 'at the pleasure' of the Lord Lieutenant. Individuals who were insane at time of indictment could also be so detained. To facilitate this, the Central Criminal Lunatic Asylum was opened in Dundrum, Dublin in 1850 under provisions of the Central Criminal Lunatic Asylum (Ireland) Act (1845, 1846) to provide 'a central asylum for insane persons charged with offences in Ireland' and detained indefinitely under this legislation. The hospital later became known as the CMH.

Dr Guéret's grandfather, Dr Coyne, was resident at the CMH between 1948 and 1965, after first gaining experience in psychiatry at London's Bethlem Royal Hospital (Bedlam) and the private Chiswick House asylum. After working at Mountjoy Prison, Dr Coyne moved to the District Mental Hospital in Monaghan before completing a Diploma in Public Health in 1945 and commencing work at the CMH shortly afterwards. Dr Guéret's account of the CMH during this period is truly fascinating, replete with intriguing clinical and political insights, such as his grandfather's reluctance to accept Nurse Cadden as a patient in 1958, and Dr Coyne's annual encounters with the public accounts committee of the Oireachtas.

Dr Guéret also addresses other topics of relevance to psychiatry in *What the Doctor Saw*, including, for

example, interesting essays about Sigmund Freud (Happy Birthday Sigmund Freud) and electro-convulsive therapy (75 Years of Electro-Convulsive Therapy). Some of the postscripts that Dr Guéret has added to these essays are very interesting indeed. Following his essay on 'The Irish Lobotomy', for example, Dr Guéret writes that he received a letter from an elderly man in the North West of Ireland who had a lobotomy as a young man for an obsessional condition and 'never looked back'. Dr Guéret also received a letter from a retired physician who wrote that a 'female civil servant patient' of his had also done well following lobotomy. While lobotomy was rightly abandoned as a routine procedure several decades ago, it is still extremely interesting to hear these reports.

What the Doctor Saw

What the Doctor Saw arrives festooned with praise from various sources. Dr Paul Carson, the international best-selling author, writes that the book 'pulls together a collection from Irish medicine's sharpest, funniest and most incisive writer. I've read with envy many of his pieces over the years'. Brendan O'Connor, host of RTE's Saturday Night Show, says that 'Maurice Guéret is about the only doctor I trust. His humanity is made bearable by a sharp edge, healthy cynicism and a real love for medicine'.

It is, perhaps, this 'real love for medicine' that shines most brightly through these articles, columns and reflections. Dr Guéret's concern for reasonable, effective and humane health care is a central and recurring theme, and one to which his columns make a significant contribution, with their trademark mixture of insight, wit and critical thought. There is a real role for this kind of writing and thinking in both Irish medicine and the Irish media more generally: health is a topic of constant interest in mainstream media, and the more sensible and informed comment that can be delivered, the better it is for all.

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