

a white patient and were more likely to advocate criminal proceedings against the Afro-Caribbean patient. Lewis *et al* pose the question "Are British psychiatrists racist?" but never give the answer, clear in their own findings, "yes".

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### Social order/mental disorder

SIR: While I was pleased to see a review (*Journal*, March 1990, 156, 454–455) of my most recent book, *Social Order/Mental Disorder* (1989), I found much in the review itself with which I would wish to quarrel. I shall not dwell on matters of taste and interpretation, since these are, as Henry Rollin acknowledges, matters on which dispute can be endless. Besides, criticisms of this sort are perfectly legitimate matters for a reviewer to raise. But I do object to having my position misrepresented and caricatured in order to provide the reviewer with a straw man to assault.

I must first take issue with the peculiar notion that it is the historian's duty to preserve the reputation of the "folk heroes of British psychiatry" intact, heedless of what the historical record may show; and without belabouring the point, I think that most people outside the ranks of organised psychiatry would raise an eyebrow or two at the notion that psychiatrists themselves (and psychiatrists alone?) qualify as "historians whose impartiality is unimpeachable". But, more particularly, I must protest at the absurd claim that I argue that the proliferation of 19th century asylums "was engineered by unscrupulous doctors" – and at the still stranger notion that I am "a staunch advocate of community care" and view the late 18th-century as "the Golden Age for the mentally disordered".

Lunacy reform in the Victorian age was a long and complicated process, in which medical men played a significant but clearly subordinate role. The great importance of other historical factors and actors (including the "redoubtable Earl of Shaftesbury") is scarcely news to me, since I have published a lengthy monograph on the subject (Skull, 1979). No careful or "impartial" reader of either that extended analysis, or of the necessarily more fragmentary discussions of the subject in *Social Order/Mental Disorder*, would, I submit, recognise Dr Rollin's caricature as a fair representation of my position.

As for "community care", there is something more than slightly ironic about the claim that I am one of its cheerleaders. My *Decarceration* (Skull, 1977) was one of the first sustained critiques of deinstitutionalisation. In *Social Order/Mental Disorder*, I return repeatedly to "the appalling deficiencies of yet another generation of 'mental health reforms'"; I refer to the "castastrophic failures masquerading under the official guise of a 'revolution' in psychiatric care"; criticise "the odd mixture of zealots and penny-pinching politicians who continue to call malign neglect 'community care'"; document that "community care is simply a sham"; and analyse why such an approach nonetheless continues to dominate mental health policies on both sides of the Atlantic. So far from romanticising the 18th century, I specifically compare the contemporary board and care industry in the United States, which has battered upon the legions of discharged mental patients, with the horrors of the late 18th-century English mad-houses or "trade in lunacy". I call attention to "our collective reluctance to make a serious and sustained effort to provide a humane and caring environment for those manifesting grave and persistent mental disturbance"; and, dare I say it, I protest "the retreat even of organised psychiatry from any attempt to deal with their problems".

Dr Rollin's bee in his bonnet about sociologists who work on the history of psychiatry has evidently precluded him from reading what I actually have to say. We have plenty of real issues to debate, for I am far from being a complacent or uncritical observer of the psychiatric scene, past or present. But it would help if we could argue about matters of substance, rather than engaging in disciplinary demonology.

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### References

- SKULL, A. (1977) *Decarceration* (2nd edn.). Englewood Cliffs, New Jersey: Prentice-Hall/Oxford: Polity Press.  
— (1979) *Museums of Madness*. London: Allen Lane.  
— (1989) *Social Order/Mental Disorder*. London: Routledge.

### Treatment of depression with pumpkin seeds

SIR: I suspect that many colleagues may have shared my experience of patients who were previously maintained on L-tryptophan but have suffered partial or complete relapse since its withdrawal from the market earlier this year. I report on one such case and his successful treatment with pumpkin seeds.