

As someone whose career in psychiatry began in a 2300-bed hospital in 1957, I find it difficult to believe that this has actually happened.

I have no reason to doubt the sincerity of those people, medical and lay, who have enthusiastically advocated community care over the years. I am sure that they did not envisage that *all* the patients in the mental hospitals would eventually be discharged. Nor could they be blamed for failing to realise that the politicians, who hold the purse strings, would see community care not as an advance in treatment, but rather as a glorious excuse to save money.

One can see how the process developed: it must soon have appeared that discharging only some of the patients would not be enough, since, if community care failed, there would be demands for readmission. The only logical course was, therefore, to discharge all the patients, get rid of all the staff, demolish the hospitals and, as an additional bonus, sell off the land to property developers.

Unfortunately for the politicians, Griffiths reported that *good* community

care would be very expensive, not cheap as they had hoped. They were faced with a new dilemma – what was the point in saving a lot of money by demolishing the hospitals if it all had to be redeployed for community care? The solution was obvious – restrict the amount of funding for community care!

It seems that, from now on, we will have the worst of all possible worlds – virtually no mental hospitals and poorly funded community care.

**Leff, J. (2001)** Why is care in the community perceived as a failure? *British Journal of Psychiatry*, **179**, 381–383.

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### Confusion

I read Dr Fleminger's (2002) article with interest and in particular his description of

hypoactive delirious states, which he ascribed to Lipowski in 1990. They were, in fact, first described by me (Philpott, 1989) as attenuated or negative confusional symptoms in my chapter on 'Recurrent acute confusional states' in *The Clinical Neurology of Old Age*. I emphasised that these are common, particularly when acute confusion occurs in the setting of patients with established dementia. Perhaps the fact that this is included in a textbook of neurology rather than psychiatry accounts for it being overlooked.

**Fleminger, S. (2002)** Remembering delirium. *British Journal of Psychiatry*, **180**, 4–5.

**Lipowski, Z. J. (1990)** *Delirium: Acute Confusional States*. New York: Oxford University Press.

**Philpott, R. (1989)** Recurrent acute confusional states. In *The Clinical Neurology of Old Age* (ed. R. Tallis), pp. 453–466. New York: John Wiley & Sons.

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## One hundred years ago

### Extract from 'Crime in general paralysis', by W. C. Sullivan, MD, Deputy Medical Officer, HM Prison Pentonville

H.F – stole a piece of bacon from a stall outside a shop in a large thoroughfare; he simply picked the bacon up, hid it under his coat, and walked away; the shopman stopped him, he replaced the bacon on the stall, and waited till the police came and arrested him.

Prisoner is æt. 55, painter by trade, married, has three children. Marked lingual and facial tremor, blurred speech, exalted patellar reflexes. No special ocular

symptoms. No signs of alcoholism. Very demented, e.g. blunders over the names and order of the months, cannot calculate his earnings over more than two weeks, etc. Facile, self-satisfied in mood; no obvious delusions; has had several congestive seizures.

Asked why, being an honest man, he committed a theft, says he was in drink and did not know what he was doing. Says later that he is hard-working and devoted to his family, that he has not taken liquor for years; becomes emotional on the subject of his children. Asked now why he stole the bacon, says it was to take it home to his children who had nothing to eat.

Questioned about his work, says he is an excellent workman, gets good wages, has saved money, has £15 in the bank; beamingly optimistic. Asked now why he stole the bacon, says he did it for a joke. Reminded of his other explanations, says he does not know why he stole it, "it must have been for a joke."

### REFERENCE

*Journal of Mental Science*, vol. 48, p. 31.

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