

Europe, held in Stockholm early in 1985, where the Italian legislation was acknowledged as a pilot scheme worth following. Moreover, the Italian reform is closely modelled on the concepts officially expressed by the World Health Organization (1978) with regard to psychiatric services and their organisation, the rights of patients, etc. When the Italian law was passed, a number of cities (Trieste, Perugia, Arezzo, Reggio Emilia, Portogruaro, etc.) had already been working for some years with a profoundly changed approach and new patterns of psychiatric help, with results that were proving rewarding (Perris & Kemali, 1985; Tranchina & Serra, 1983). Thus the law actually proved too backward for advanced centres (like those mentioned), yet too advanced for backward centres such as those in the South of Italy. The Italian experience "In general terms can be viewed as an ambulatory form of psychiatric care, but where the mental hospital no longer has any functional role to play" (Vanistendael, 1985). And the validity of this approach is confirmed by numerous studies demonstrating the effectiveness of alternative treatment replacing traditional psychiatric hospitalisation, as well as the difficulties standing in the way of extending the new kinds of treatment (Mosher, 1983). Such difficulties explain the disappointment attendant on the legislative illusion nursed by many in Italy: the hope, namely, that once the new law was approved, everything would change automatically and painlessly. Instead, it has been seen that the realisation of a reform is above all determined by subsequent action. The problems facing Italian psychiatry now are still those indicated accurately by Mosher (1982), in one of the first reports on the new law to appear abroad:

- 1) Non-compliance with the new legislation by many local authorities.
- 2) The training or retraining and numerical increase of staff, who should provide the essential "instrument" for creating a new style of work and new patterns of psychiatric care.
- 3) Development of community-based services, indispensable for meeting the various different needs of the population, previously dealt with artificially, either by constraint (i.e. committal to a psychiatric hospital) or else by neglect.

And these are problems that need to be dealt with urgently: the risk, otherwise, is that we may lag behind after being one of the first in getting started!

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References

- DELL'ACQUA, G. & COGLIATI DEZZA, M. G. (1985) The end of the mental hospital. A review of the psychiatric experience in Trieste. In *Focus on the Italian Psychiatric Reform* (eds. C. Perris & D. Kemali).
- MOROSINI, P. L., REPETTO, F., DE SALVIA, D. & CECERE, F. (1985) Psychiatric hospitalization in Italy before and after 1978. In *Focus on the Italian Psychiatric Reform* (eds. C. Perris & D. Kemali).
- MOSHER, L. R. (1982) Italy's revolutionary Mental Health Law: An assessment. *American Journal of Psychiatry*, **139**, 199–203.
- (1983) Alternatives to psychiatric hospitalization. *New England Journal of Medicine*, **309**, 1579–1580.
- PERRIS, C. & KEMALI, D. (eds.) (1985) Focus on the Italian psychiatric reform. *Acta Psychiatrica Scandinavica Supplementum*, **316**, 71.
- TRANCHINA, P. & SERRA, P. (1983) Community work and participation in the new Italian psychiatric legislation. In *Psychosocial Intervention in Schizophrenia* (eds. H. Steirlin, L. C. Wynne & M. Wirsching), Berlin: Springer-Verlag.
- VANISTENDAEL, C. (1985) Prevention of admissions and continuity of care. *Theoretical Medicine*, **6**, 93–113.
- WORLD HEALTH ORGANIZATION (1978) *The Future of Mental Hospitals*. Copenhagen: WHO Regional Office for Europe.

DEAR SIR,

Since their two-week tour of Italy in April 1984, Professor Kathleen Jones and Alison Poletti have been zealous to protect us from Italian contamination. Their paper in the *Journal* (April 1985) only repeats the message they have already published in *New Society* (4th October 1984)—namely, we can learn nothing whatever from the Italian reforms except to be careful about closing mental hospitals. Can that really be true? Given their strong regional differences and their many and various efforts to produce new patterns of psychiatric practice, can the Italians have *absolutely nothing* to teach us? Should we sit back and just let them envy and copy us! Maybe Professor Jones and Alison Poletti, who write from York, could read the simultaneous but very different paper by Dr. Johl (*Bulletin*, April 1985) about the exposition on Italian Psychiatry held nearby in Sheffield last year. I wonder if Professor Jones attended?

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Race, Culture and Mental Disorder

DEAR SIR,

We are amazed that Philip Rack's book should have received such a contemptuous review (*Journal*, February 1985, **146**, 219) and we are grateful for space to correct that dismissive statement. The book has grown from the clinical and educational