management division, Professor Peckham's remit is to control all the research and development activities funded through the NHS – estimated at over £200 million.

Is "control" too severe a word? Committees at national level will "identify research and development (R & D) priorities", while regions "will be required to publish and implement" an R & D plan and be held accountable for it. Regional programmes will include regionally funded research of both local and national concern, and also R & D of national concern funded through the central committee through a bidding process with peer review. This structure will at least be more transparent for research workers than the Department of Health's current process of blind competitive contracting and bilateral negotiation with favoured sons.

The real test of this strategy will be whether it can influence the research undertaken within teaching hospitals using NHS funds. The Rothschild arrangements for directing R & D in the Department during the 1970s failed for two reasons – the research community did not want to do the research directed at them, and the Department was always too poorly staffed to give critical leadership to researchers. Peckham's strategy will devolve much of the assessment of research to regions, not previously noted for their ability to handle R & D imaginatively or to provide expert advice on research priorities. Will those who get on the committees, or their friends, seek to ensure the status quo?

Yet psychiatric research could profit from these developments. Regions have community psychiatric care, dependency services and medium secure units high on their service agendas: the arrangements offer an open door for evaluating new patterns of care. Much basic work needs to be done in improving measures of mental health status and outcomes. And Professor Peckham specifically points to the need for partnership between epidemiological and health services research and biological psychiatry.

As a health services researcher I welcome Professor Peckham's broad strategy, although there will surely be difficulties in its effective implementation. However I disagree with his view, argued here once again, that randomised trials are the "best way to evaluate competing forms of care". I sometimes think that Archie Cochrane's panegyric to the RCT, in his book *Effectiveness and Efficiency*, blighted outcome research in Britain for the past 20 years. In my own experience, most health care cannot be evaluated by RCTs, yet we still need to know whether it is effective. Much more attention needs be given to high quality, collaborative, observational research. Unless research commissioners advance from the logical purity of the RCT into the real world, this strategy for R & D in the NHS will fail.

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The community and asylum care: *plus ça change*

(D. W. JONES, D. TOMLINSON & J. ANDERSON [1991]) *Journal of the Royal Society of Medicine*, **84**, 252–254

Is it reasonable for mentally ill people to "do nothing"? At a recent meeting of the Social, Community and Rehabilitation Section of the College, there was some discussion of this in the context of the influential 'Three Hospitals' study. The assumption of those researchers had been to view such non-activity in a pejorative light. Some members of the audience considered this simply reflected the "class norms and value preferences of the professionals", a phrase used by Jones *et al* in relation to modern attitudes towards community care. Developing a thoughtful and historical perspective, based on their own continuing work in the Friern/Claybury TAPS (Team for Assessment of Psychiatric Services) research project, these authors have highlighted several key weaknesses of the modern non-asylum movement.

Their criticisms focus on the dominance of management and organisational changes, changes that avoid dealing with the key issues of "professional and social conflicts". Noting the problems of selection bias and the new long-stay in their own research, they suggest that the "big questions" about the meaning of mental illness, the nature of society and our responses to deviant behaviours remain unaddressed. In particular they express doubts as to the expectations of rehabilitation. Although a little clumsy in their language, especially in their concluding paragraph, they do expose how superficial are many of the so-called "changes". Their

concerns will certainly strike a chord in those clinically involved in the deinstitutionalisation process, for who has not spent endless chunks of time in liaison, planning and facilitation meetings that are in themselves a version of "doing nothing"? . Who has not wept at the assumptions of normalisation implicit in the callow phrase – so often heard from inexperienced community-orientated aficionados – that patients should "take responsibility for themselves"? Yet in a cruel way the less the stigma, the less society may accept the mentally ill as "deserving poor". Does this cold paradox mean that neglect will accrue?

While sympathetic to most of the ideas expressed, I think Jones *et al* have under-estimated some optimistic uncertainties. We certainly need a new and positive view of mental illness, a post-Laingian reassertion of the truths that schizophrenia may have to tell us. The continuing and public displays of community care do generate reactions, debate and concern. While the asylum did, and still does, provide acknowledgement and sanctioning of the needs of its inmates, its partial loss – and transformation into a research-orientated unit perhaps? – could lead to useful changes in the caring personnel. Tuke's experiment at the Retreat, so fundamental to the asylum era, was first and foremost an experiment in staff attitudes. In other words, we can do something about allowing people to do nothing.

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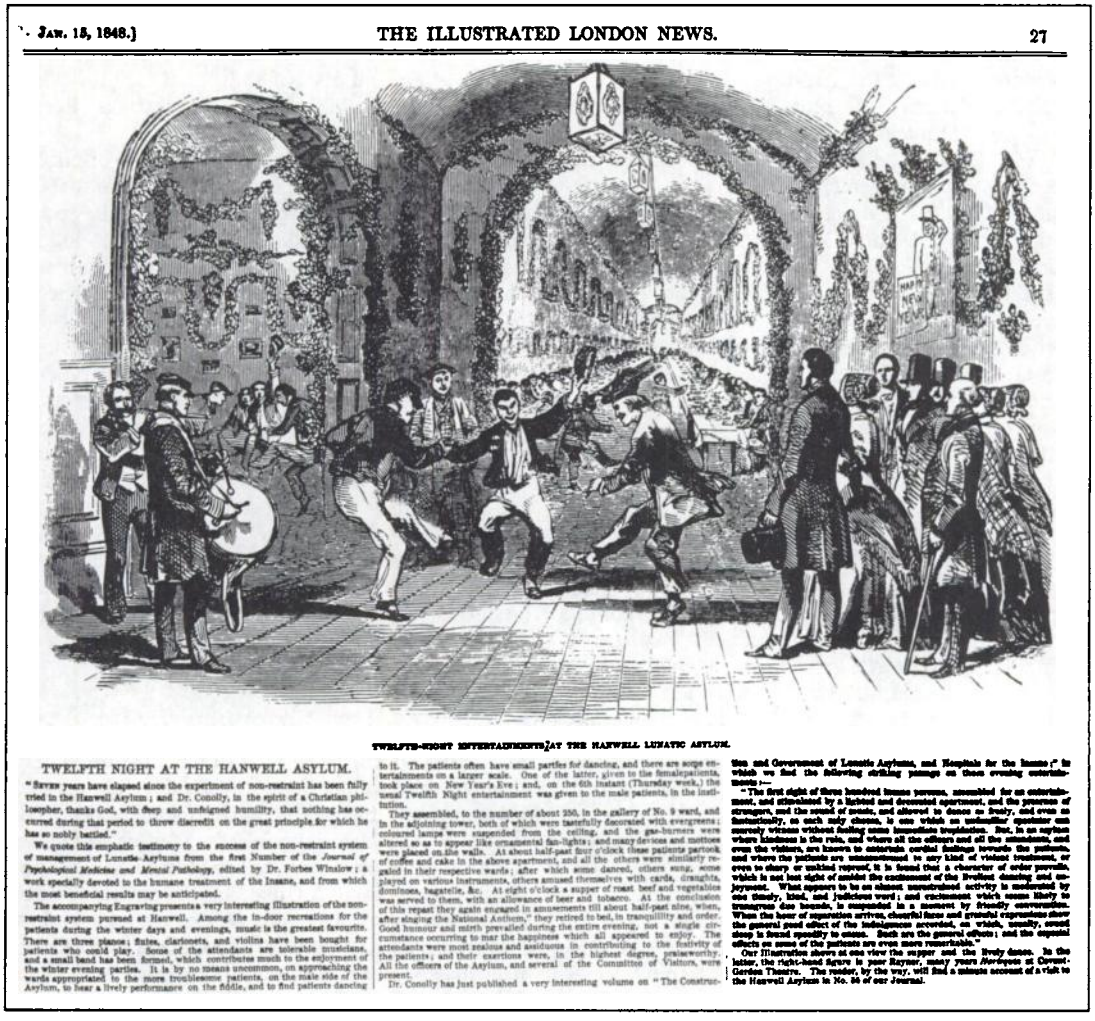
Christmas Past in Psychiatry



JAN. 15, 1848.] THE ILLUSTRATED LONDON NEWS. 27

TWELFTH-NIGHT ENTERTAINMENTS AT THE HANWELL LUNATIC ASYLUM.

TWELFTH NIGHT AT THE HANWELL ASYLUM.

"SEVEN years have elapsed since the experiment of non-restraint has been fully tried in the Hanwell Asylum; and Dr. Conolly, in the spirit of a Christian philosopher, thanks God, with deep and unfeigned humility, that nothing has occurred during that period to throw discredit on the great principle for which he has so nobly battled."

We quote this emphatic testimony to the success of the non-restraint system of management of Lunatic Asylums from the first Number of the *Journal of Psychological Medicine and Mental Pathology*, edited by Dr. Forbes Winslow; a work specially devoted to the humane treatment of the Insane, and from which the most beneficial results may be anticipated.

The accompanying Engraving presents a very interesting illustration of the non-restraint system pursued at Hanwell. Among the in-door recreations for the patients during the winter days and evenings, music is the greatest favourite. There are three pianos; flutes, clarionets, and violins have been bought for patients who could play. Some of the attendants are tolerable musicians, and a small band has been formed, which contributes much to the enjoyment of the winter evening parties. It is by no means uncommon, on approaching the wards appropriated to the more troublesome patients, on the male side of the Asylum, to hear a lively performance on the fiddle, and to find patients dancing to it. The patients often have small parties for dancing, and there are occasional entertainments on a larger scale. One of the latter, given to the female patients, took place on New Year's Eve; and, on the 6th instant (Thursday week,) the usual Twelfth Night entertainment was given to the male patients, in the Institution.

They assembled, to the number of about 250, in the gallery of No. 9 ward, and in the adjoining tower, both of which were tastefully decorated with evergreens; coloured lamps were suspended from the ceiling, and the gas-burners were altered so as to appear like ornamental fan-lights; and many devices and mottoes were placed on the walls. At about half-past four o'clock these patients partook of coffee and cake in the above apartment, and all the others were similarly regaled in their respective wards; after which some danced, others sang, some played on various instruments, others amused themselves with cards, draughts, dominoes, bagatelle, &c. At eight o'clock a supper of roast beef and vegetables was served to them, with an allowance of beer and tobacco. At the conclusion of this repast they again engaged in amusements till about half-past nine, when, after singing the National Anthem," they retired to bed, in tranquillity and order. Good humour and mirth prevailed during the entire evening, not a single circumstance occurring to mar the happiness which all appeared to enjoy. The attendants were most zealous and assiduous in contributing to the festivity of the patients; and their exertions were, in the highest degree, praiseworthy. All the officers of the Asylum, and several of the Committee of Visitors, were present.

Dr. Conolly has just published a very interesting volume on "The Construction and Government of Lunatic Asylums, and Hospitals for the Insane;" in which we find the following striking passage on these evening entertainments:—

"The first sight of three hundred insane persons, assembled for an entertainment, and stimulated by a lighted and decorated apartment, and the presence of strangers, and the sound of music, and allowed to dance as freely, and even as fantastically, as each may choose, is one which an unhealthy spectator can scarcely witness without feeling some immediate trepidation. But, in an asylum where kindness is the rule, and where all the officers and all the attendants, and even the visitors, are known to entertain cordial feelings towards the patients, and where the patients are unaccustomed to any kind of violent treatment, or even to sharp or unkind reproof, it is found that a character of order prevails, which is not less right of amidst the excitement of the liveliest dancing and enjoyment. What appears to be an almost unrestrained activity is moderated by one timely, kind, and judicious word; and excitement which seems likely to transgress due bounds, is suspended in a moment by friendly conversation. When the hour of separation arrives, cheerful faces and grateful expressions show the general good effect of the indulgence accorded, on which, usually, sound sleep is found speedily to ensue. Such are the general effects; and the especial effects on some of the patients are even more remarkable."

Our Illustration shows at one view the supper and the lively dance. In the latter, the right-hand figure is poor Rayner, many years *Harlequin* at Covent-Garden Theatre. The reader, by the way, will find a minute account of a visit to the Hanwell Asylum in No. 56 of our Journal.

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