

cases the remnants of lives in the form of letters to loved ones, photographs, knickknacks, and other personal effects. Penney and Stastny reconstructed the histories and recovered the pasts of these patients, describing in devastating detail the grimness and hopelessness of their lives at Willard.

In its 126 years of operation, the Willard Psychiatric Center (known as the Willard Asylum from 1869 to 1890 and the Willard State Hospital from 1890 to the early 1970s) treated more than 50,000 people. It was a self-sufficient enclave with more than 600 acres of farm land, a greenhouse, a dairy, stables, chicken houses, and barns. Nearly all the facility's food was raised and processed on-site. There were industrial shops producing clothing, shoes, baskets, brooms, and soap; there were also laundries, bakeries, and kitchens. The hospital had a slaughterhouse, a brickworks, a blacksmith shop, a coal-fired power plant, and its own police force. Its operation relied on the unpaid labor of the patients, and it is clear from their case histories that after many of the acute symptoms of psychosis receded, these patients served as unpaid staff.

The suitcases contained numerous photographs, many of which are beautifully reproduced in this book. They bring to life the people who were forgotten and make clear that any approach to the care and treatment of those with severe and persistent mental illness must respect their humanity. The main moral lesson of this book is that long-term institutionalization for mental illness robs people of their lives and personhoods. A community-based treatment system must preserve the humanity of a person with mental illness by respecting the person's past even within the reality of a precarious present. The hope and promise of recovery require individualized attention in normalizing circumstances outside institutions.

This book should be required reading for anyone who struggles with the treatment of mental illness in community settings. The closure of large hospitals such as Willard has resulted in major public health problems among people with mental illness — many of whom are homeless or have

been incarcerated — but a return to the long-term institutional care of the past is unthinkable. Now, instead of suitcases forgotten in large institutions, there are thousands of former state hospital patients and people with newly diagnosed mental illness wandering the streets. Despite many examples of excellent community programs, we have yet to adopt a comprehensive policy that consistently provides and funds humane treatment for the most seriously ill patients.

The authors point out these problems, but they can seem excessively negative when discussing some of the new medications that, when combined with psychosocial care, can make a real difference in helping to prevent relapses of psychotic illness. We need better medical and psychosocial treatments with adequate funding, with patients and families empowered to make choices, evaluate treatment providers, and provide peer-run services — so that 50 to 100 years from now, future generations will not discover painful relics of the deficiencies of the current era of psychiatric care.

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## CORRECTIONS

Lack of Effectiveness of Cellulose Sulfate Gel for the Prevention of Vaginal HIV Transmission (July 31, 2008;359:463-72). In the Abstract, the third sentence under Results (page 463) should have ended with "(hazard ratio, 2.02; P=0.05)." We regret the error. The article has been corrected on the *Journal's* Web site at [www.nejm.org](http://www.nejm.org).

Malignant Gliomas in Adults (July 31, 2008;359:492-507). The institution in Dr. Wen's address (page 492) should have read "Dana-Farber/Brigham and Women's Cancer Center." In Table 2 (page 503), the "Dendritic cell and EGFRvIII peptide vaccines" row should have included the following entry: DCVax, CDX-110. The article has been corrected on the *Journal's* Web site at [www.nejm.org](http://www.nejm.org).

Survival of Patients with Stage I Lung Cancer Detected on CT Screening (October 26, 2006;355:1763-71). An additional correction is described in the Correspondence section of this issue of the *Journal* (Clarifying Enrollment Procedures in the Trial of CT Screening for Lung Cancer [August 21, 2008;359:871-3]).