

70.0
377

BRITISH MEDICAL JOURNAL

SATURDAY 27 JANUARY 1979

LEADING ARTICLES

Age and death in breast cancer.....	211	Manic states in affective disorders of childhood.....	214
Premenstrual tension syndrome.....	212	Preventive genetic registers.....	215
Fibreoptic bronchoscopy.....	212	Pathogenesis of amyloid disease.....	216
Typhoid fever.....	213		

PAPERS AND ORIGINALS

Abortion and the NHS: the first decade F G R FOWKES, J C CATFORD, R F L LOGAN.....	217
Improved metabolic profiles in insulin-treated diabetic patients given an alpha-glucosidase inhibitor R J WALTON, I T SHERIF, G A NOY, K G M M ALBERTI.....	220
Diet, sunlight, and 25-hydroxy vitamin D in healthy children and adults E M E POSKITT, T J COLE, D E M LAWSON.....	221
Comparison of natriuretic, uricosuric, and antihypertensive properties of tienilic acid, bendrofluazide, and spironolactone C J C ROBERTS, A J MARSHALL, SUSAN HEATON, D W BARRITT.....	224
Infiltration of central nervous system in adult acute myeloid leukaemia M J PIPPARD, S T CALLENDER, P W E SHELDON.....	227
Lithium, manic-depressive illness, and psychological test performance R J KERRY, J E ORME.....	230
Amitriptyline plasma concentration and clinical response S A MONTGOMERY, R MCAULEY, S J RANI, D B MONTGOMERY, R BRAITHWAITE, S DAWLING.....	230
Effect of refractive error on the visual evoked response D W K COLLINS, W M CARROLL, J L BLACK, M WALSH.....	231
Acute effects of saline, calcitonin, and hydrocortisone on plasma calcium in vitamin D intoxication P J HEYBURN, R M FRANCIS, M PEACOCK.....	232
Hypoxic stillbirth due to entangled intrauterine catheter DONALD G CAVE, GORDON R SWINGLER, PETER G SKEW.....	233
Successful treatment of malignant testicular teratoma with brain metastases S B KAYE, R H J BEGENT, E S NEWLANDS, K D BAGSHAW.....	233
Lymphoproliferative disease in two sisters J V GARRETT, ROGER K NEWTON.....	234
Gastric secretion in peripheral vascular disease C A C CLYNE, R F MCCLOY, C W JAMIESON, J H BARON.....	235
Difficulty in stopping lithium prophylaxis? D G WILKINSON.....	235
Psoriasis developing during dialysis S M BREATHNACH, N A BOON, M M BLACK, N F JONES, A J WING.....	236
Treatment of mastalgia with bromocriptine: a double-blind cross-over study M BLICHERT-TOFT, A NYBOE ANDERSEN, O B HENRIKSEN, T MYGIND.....	237
Effect of once-daily atenolol on ambulatory blood pressure M W MILLAR CRAIG, D KENNY, STEWART MANN, V BALASUBRAMANIAN, E B RAFTERY.....	237

MEDICAL PRACTICE

Cadaver nephrectomy: an operation on the donor's family J B MORTON, D R A LEONARD.....	239
For Debate: Clinical medical officers in a child health service K WHITMORE, M BAX, SHELAGH TYRRELL.....	242
Road accidents and legal sanctions BY A SPECIAL CORRESPONDENT.....	245
ABC of Ophthalmology: Ophthalmic services in the NHS P A GARDINER.....	248
Letter from Kuwait: World in the sand GEOFFREY J LLOYD.....	251
How to use a library MORAG C TIMBURY.....	252
The Queensland Melanoma Project—an exercise in health education TONY SMITH.....	253
Medicine and Books.....	255
Any Questions?.....	247
Words.....	247, 254
Medicine and the Media.....	261
Materia Non Medica—Contributions from E R G ANDERTON, PHILIP EVANS, PETER BEATTIE.....	241
Personal View JOHN M LAST.....	262

NEWS AND NOTES

Views.....	275
Parliament: Seat-belt legislation.....	276
Medical News.....	276
BMA Notices.....	277

SUPPLEMENT

The Week.....	281
Roundup.....	282
Normansfield: anatomy of the strike.....	283
EEC: No progress on overseas doctors.....	286

CORRESPONDENCE

Mentally disordered offenders H R Rollin, FRCPsych; S B Telford, MFCM; K C Bailey, FRCPsych; D D R Williams, MRCPsych	Contribution of poor blood pressure control to strokes R C Hamdy, MRCP, and M A Nasar, MRCP; P G E Kennedy, MRCP, and B I Hoffbrand, FRCP	Who heads x-ray departments? W C Scott, FRCR; D W Pilling, FRCR; D G Shaw, FRCR; D J Lintott, FRCR, and K C Simpkins, FRCR
Return to work after coronary artery surgery for angina P G F Nixon, FRCP, and N G Weinstock, MRCP	Health risks from keeping cats D Morris, FRCP; C P Beattie	Consultants now a special case B O Scott, MRCS
Gonococcal arthritis M H Seifert, MRCP; M D Talbot, MRCP	"Lecture Notes on Medical Statistics" T D V Swinscow, MB	Pathologists' work load R A Keable-Elliott, FRCGP
Hepatotoxic effects of repeated anaesthetics J W Dundee, FFARCS, and others	Miniature peak-flow meters B J Freedman, FRCP	Opportunity in health visiting M S Hall, FRCGP
Seat belts and the safe car M J Gilkes, FRCS	Thyroid disease and pregnancy P R Daggett, MRCP, and S McHardy-Young, FRCP	Nursing at a crossroads Alison Hadley, SRN; E L Thompson, SRN
Bicycle accidents J P W Walter, MB	Labetalol and urinary catecholamines R Kolloch, MD, and others	Prescribing—is a second opinion required? N A Chisholm, LRCP&SED
Ergotamine tartrate overdosage J N Blau, FRCP, and others	Naming of drugs M H Ball	Revised career structure: first priority M H Best, MB
Tranexamic acid in chronic urticaria D R Tant, MRCP	Plasma lipoproteins in renal transplant patients A J Nicholls, MRCP	Thoughts on hospital staffing M V L Foss, FRCS
What is a cohort? A L Jacobs, FRCP	Oesophageal reflux and its myths S W Fountain, FRCS; J A C Thorpe, FRCS	Fee for service or capitation fee? A G Dewart, MB
Not the language of medicine Barbara D F Evans, MRCS	Disrespect for language H M Sinclair, FRCP	Selection of medical students R E Wakeford, BA
Cataracts E Elkan, MD; D Gordon, DMRD	Beta-blockers and the peripheral circulation T G Pickering, MRCP	Points Postoperative pain (F P Antia); Shingles: a belt of roses from Hell (F R C Manning; R E Church; J B Tracey; N P Silvertown, and Gillian Silvertown; L G Morgan; A C Cattanach); Viruses and reclaimed water (G C Myddelton); Glue ear, grommets, and swimming (A L Pahor, and D A Causer); Possible effect of time on renal allograft rejection (D P Papworth); "Trump cards for GPs" (E D Irvine)
Kielland's forceps M J A Maresh, MB; D A Maclean, MRCP	Cardiac resuscitation with electricity E A Schott, FRCPED; H B Burchell, MD	
Silver poisoning associated with an antismoking lozenge Diana M Shelton, MRCP, and R Goulding, FRCP	"Safety of Medical Electrical Equipment" C S Ward, FFARCS	
Treatment of tuberculosis A M Sutherland, FRCP		

We may return unduly long letters to the author for shortening so that we can offer readers as wide a selection as possible. We receive so many letters each week that we have to omit some of them. Letters must be signed personally by all their authors. We cannot acknowledge their receipt unless a stamped addressed envelope or an international reply coupon is enclosed.

Mentally disordered offenders

SIR,—I would venture to suggest that a period of five or six years during which "mentally disordered offenders have hardly been out of the news," as you say in your leading article (6 January, p 1), is a very substantial underestimate. They have, in fact, been newsworthy ever since the Mental Health Act 1959 came into operation in November 1960.

I know this to be so because at that time and until I retired from the National Health Service in November 1976 I was a consultant psychiatrist at Horton Hospital, Epsom, which admitted, in all probability, more of these offenders than any other conventional mental hospital in the country. It became evident almost from the word go that Part V of the Act, which is concerned with the admission of patients concerned in criminal proceedings, etc., was ill conceived and doomed to failure.

The reasons are complex, but there are two

of prime importance. The first was the failure to appreciate that a man may be both mentally disordered and a criminal or, put more succinctly, that he may be both mad and bad. Treatment in a considerable proportion of these doubly disadvantaged people is ineffective so that they are eventually recognised as incurable in psychiatric terms and incorrigible in penal terms. Nevertheless, in the early days, there was an attempt to comply with the spirit of the Act and admission to mental hospital was arranged under a Hospital Order (Section 60). Not infrequently he absconded, committed further offences, and was readmitted, not once but often on repeated occasions. The circular process has now stopped: mental hospitals are refusing admission on the pretext that there is nothing they have to offer. Other than asylum in the true sense of the word, this may be so; but without the availability of a hospital bed

the judiciary has no alternative in many cases but to award a custodial sentence to the offender.

The second prime cause of failure, more doom laden than the first, was the provision for admission to conventional mental hospitals of patients under a Restriction Order (Section 65). It must be remembered that where these orders are made an element of dangerousness may be presumed. And it must also be remembered that at the time of the implementation of the 1959 Act the concept of the "open mental hospital" was in full flower. Not only did it go against the grain for nurses to assume the role of gaolers, but security in the physical sense became an impossibility. Abscondences, even from locked wards, of patients who posed a real threat to the public could and did take place.

For some years now there has been an ever-increasing opposition, due in no small measure to the attitude of the nursing staff, to the admission of offenders in whom there is the remotest suggestion of dangerousness. The special hospitals, particularly Broadmoor, have for their own very good reasons to be extremely selective. Faced with the dilemma of a mentally disordered offender for whom a bed in a hospital cannot be found, HM judges