inferior drugs, low-dosage phenothiazines and β-blockers. In the life history of a new drug there is a recognised cycle, its release with considerable hype and exaggerated expectation, the recognition of problems and disadvantages, and its eventual role is established, or it is withdrawn from use. From the tone of these two publications and remarks I have heard at psychiatric meetings, benzodiazepines are running the risk of being banned. Surely this must not happen. If we are concerned about our image and our efficacy in dealing with a whole range of psychiatric problems, the benzodiazepines must be retained as part of our armamentarium.

On reflection, the College statement on benzodiazepines and dependency[4] leaves one with an uneasy feeling. One does not get an impression that its authors and the participants at the special meeting on 10 June, 1987 were individuals who spend the major part of their time at the 'coal face' dealing with patients. This group seemed to consist mainly of psychiatrists with a major commitment to academic work or with a bias in their work towards undertaking trials with new drugs. It would seem to me that individuals with a major commitment to academic work or to the evaluation of new drugs are not well placed to form accurate or impartial views about the place of benzodiazepines in contemporary psychiatric practice.

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References

[1]COMMITTEE ON SAFETY OF MEDICINES (1988) Benzodiazepines, dependence and withdrawal symptoms. *Current Problems*, **No 21,** January 1988.

[2]RAMSTER, D., BARBER, A. J., DEB A. & FREE, K. (1987) Essex benzodiazepines policy. *The Pharmaceutical Journal*, **239,** 677.

[3]KIELHOLZ, P., GOLDBERG, L., OBERSTEG, J., POELDINGER, W., RAMSEYER, A. & SCHMIDT, P. (1967) Strassenverker, Tranquilizer und Alcohol. *Deutsche Medizinische Wochemschrift*, **92,** 1525–1531.

[4]ROYAL COLLEGE OF PSYCHIATRISTS (1988) Benzodiazepines and dependence: A College Statement. *Bulletin of the Royal College of Psychiatrists*, **12,** 107–109.

The mentally ill on remand in prison

DEAR SIRS

I am extremely concerned about the fate of the mentally ill on remand in prison. When I took over as senior registrar at the start of the year, I understood that my duties included assessment of people on remand in Brixton prison and that often this would lead to admission to hospital. This system seems to have broken down completely. Virtually all the prisoners end up in police custody.

Two recent referrals underlined this point. Both went to court *two days* after the referral and both went to police custody. Thus neither is available for assessment.

In the first six months of this year 10 out of 12 referrals went to police custody within 14 days of referral and were not seen. I was able to see one man only because the prison medical officer 'pretended' he was unfit to go to Court.

I would be interested to know whether others have similar experiences or any suggestions as to what we might do. If these occurrences are widespread, they can only lead to further delays within an already overburdened prison system. Meanwhile patients with mental illness who require hospital treatment are not receiving it.

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The proposed Community Treatment Order

DEAR SIRS

It is exasperating when all one's charm, wiles, stratagems and threats fail to persuade a symptom-controlled patient with chronic psychosis that his/her continued wellbeing depends on continuing treatment. Nevertheless, I am extremely grateful to Lucy Scott-Moncrieff for enumerating all the excellent clinical and practical arguments, as they concern the individual patient, for us. I was sorry also to read that she shared my fear that this development could give further encouragement to the development of an even more threadbare community-based service.

In view of the profession of the author, I would like also to have read her views on the legal implications of this proposal, which seem to me to arise from the basic step of taking away certain civil rights from an already highly under-privileged section of the community. Are there not also political issues? If a future Government decided that the Community Treatment Order was a useful form of control of political dissidents or even Stonehenge-loving hippies, would we come out of the affair any more nobly than our Russian colleagues?

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