

secure psychiatric facilities; of this amount only £351,263 was spent on such developments and the remainder was used to promote other services, or to pay the debts accrued by them.

The DHSS and several Government committees (e.g. HSC(1S)61; Special Hospitals Working Party, 1961; Glancy Committee, 1974; Butler Committee, 1975) have repeatedly emphasized that psychiatric hospitals should continue to manage difficult patients, the violent and the majority of mentally abnormal offenders who are subject to Part V MHA, and where necessary hospitals should provide for treatment in conditions of security. If this situation is achieved the proposed forensic developments will provide additional facilities for mentally abnormal offenders. Future Prison Department reports might then be concerned more with the resolution of penal problems than with the difficulties of managing those thrust into it by other defaulting services. If forensic

developments result in a further discussion of difficult patients and offenders from the mainstream of psychiatry it will be counterproductive: a few Regional secure units will not possibly be able to manage, the Special Hospitals will rightly resist excessive demands as they do at present, and the prisons will continue to bear the brunt. These problems arise because repeated recommendations, assertions and policy documents do not represent the views of the profession as a whole. The forensic developments envisaged by both Glancy and Butler, and their implications for general psychiatry that services to difficult patients, whether offenders or not, are maintained and improved, are obviously unacceptable to the majority of psychiatrists. That official policy runs counter to the will of the profession must be faced. Penal reform begins at home.

PAUL BOWDEN

CORRESPONDENCE

HEREDITARY HYSTERIA

DEAR SIR,

A family group is being studied which has a unique symptomatology. In their early twenties affected members develop whispering dysphonia, invariably diagnosed as hysterical, then they go on to develop spasmodic torticollis and in some cases generalized choreiform movements indistinguishable from Huntington's disease. What makes this family so interesting is that two members in the fifth Australian generation have Wilson's disease.

Two sisters who migrated to North Queensland in 1886 and who brought this condition to Australia came from Heacham in Norfolk, and it is inherited as an autosomal dominant with complete penetrance. I am going to England for six weeks from mid-December 1977 to study relatives in the United Kingdom and am keen to investigate any families who may possibly have this complaint. It would be greatly appreciated if any of your readers who know of patients with hysterical whispering dysphonia and with a relative diagnosed as having Huntington's disease, would contact me, care of Dr Edward Bird, Department of Neurological Surgery and Neurology,

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REVIEW OF THE MENTAL HEALTH ACT

DEAR SIR,

In *News and Notes* of April 1977, Dr A. C. P. Sims, writing in relation to the Review of the Mental Health Act refers to the use of police stations as 'places of safety' under section 136. There is one important aspect of the matter which appears to me to be implied in his letter and to be overlooked by many when they advocate that psychiatric hospitals should be used. This is that the person taken to the psychiatric hospital is automatically admitted. Section 136 of the Act says that the person may be 'taken to' a place of safety and there detained, etc. Nowhere does it say 'admitted'.