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P. Campling, S. Davies Francis Dixon Lodge Therapeutic Community, Gipsy Lane, Leicester LES OTD

Sir: I am writing to you in response to Haigh & Stegen (1996) concerning the clinical need for in-patient psychotherapy. While I would agree that day treatment is suitable for the

majority of difficult patients, in my view there remains a core of very difficult patients who cannot be treated except on an inpatient basis. This is particularly true of the work on the unit where I work, which involves intensive treatment of seriously disordered families, most of whom have suffered severe child abuse. Clinicians in the community generally are unable to keep such families safe and thus rehabilitation cannot be attempted.

The advantage of an in-patient environment is that you can attend to the nighttimes and early mornings when children may be at most risk. This treatment is costly but so are protracted court cases, repeated foster placements and long-term special schooling, not to mention forensic units, which are very often needed when these families break down without appropriate treatment.

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One hundred years ago

The Belfast Asylum

The report on the Belfast Asylum of Dr. O'Farrell, Inspector of Lunatics, has just been published. He says that all restraint appliances should be retained in the charge of the medical officers and used only by their direct instruction, and that there should be daily and accurate entries of every case in which restraint or seclusion has been employed. The condition of the auxiliary asylum at Purdysburn Dr. O'Farrell regards us [sic] most satisfactory. He thinks it the most beautiful site and surroundings for an asylum in the United Kingdom, and he refers to the announcement of the new asylum during 1897 as a charitable commemoration

of Her Majesty's most glorious reign. When this new asylum is ready for the reception of patients he trusts the governors may be able through legislative action to convert the Purdysburn manor house into an asylum for the reception of private patients of the middle and lower classes. The necessity for such an institution will be at once apparent, he says, when the large sums annually diverted from this country for the maintenance elsewhere of the wealthier classes of the insane are considered, while there is a very large number of private patients of the lower middle class whose friends cannot afford to pay a rate of board above, or much above, the average cost of maintenance of pauper patients, yet who are unwilling to

submit to the stigma of pauperism in order to obtain asylum treatment for them. The provision of accommodation for this class in an institution detached from, but under the same management as, the district asylum would, in the inspector's opinion, meet a most important and charitable want.

REFERENCE

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Researched by Henry Rollin, Emeritus Consultant Psychiatrist, Horton Hospital, Epsom, Surrey