

Correspondence

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Psychiatric Munchausen's Syndrome: A College Register?

SIR: I am inclined to agree with the suggestion made by Markantonakis & Lee (*Journal*, June 1988, 152, 867) of keeping a register of Munchausen cases. I came to a similar conclusion when considering a case presenting with feigned epilepsy and amnesia (Jones & Horrocks, 1987), and suggested keeping a national computerised database of such cases.

I came to this view as I do not believe that these cases are treatable by other methods, and they can be a drain on limited medical resources. From an ecological viewpoint, these cases may be seen as filling a 'niche' provided by the health services in our society. Thus it may not be possible in a conventional manner to 'treat' the 'patient', and the management of Munchausen cases may require a fundamentally different approach.

As such cases may cross the boundaries between various specialities, including psychiatry, surgery, and medicine, then it may be more advantageous to have a central register, e.g. in the Department of Health and Social Security. Thus one could have information on 'hospital addicts', much as there is now a register of drug addicts. It would be relatively cheap

and cost-effective to keep a computerised database of such cases. The savings could be great in terms of unnecessary investigations and operations avoided, staff time saved, etc. A cost-benefit analysis might give some idea of the actual savings involved.

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Reference

JONES, J. R. & HORROCKS, F. A. (1987) Fictitious epilepsy associated with amnesia. *British Journal of Psychiatry*, 150, 257–258.

The Mentally Handicapped Criminal Offender

SIR: Kearns & O'Connor (*Journal*, June 1988, 152, 848–851) state that little attention has been paid to analysis of the types of offences committed, and their article illustrates well the range of offences which used to lead to hospital admission of the mentally handicapped offender.

Studies which we carried out for the six years 1968–73 showed that out of 607 long-stay hospital admissions there were 222 for offences against the person, of which 88 were sexual, and a further 98 for offences against property (Primrose, 1974). There were also 98 admissions for 'antisocial behaviour', mostly of a non-criminal character.

Not all of those committing offences were admitted because of Court proceedings, for in many cases these were not proceeded with on the understanding that the person was being admitted to hospital. The actual number of Court Orders for the six-year period was 111, which compares with 104 in the six years 1956–61. The major changes quoted by Drs Kearns & O'Connor arising between 1961 and 1977 came largely after 1973, for reasons which I have outlined previously (Primrose, 1984).

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