

these being on neuroleptics. McClelland *et al* (1974), showed that approximately all but 8% of this type of medication could be discontinued.

These findings point to where there are possible savings in the drug budget, and definite savings in the nursing time involved in long and frequent drug administration rounds. Knowledge of individual patients is not necessary for this survey to show the need for rational pharmacotherapy.

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INJURIES IN A PSYCHIATRIC HOSPITAL

SIR,

The relationship between individual psychopathology and institutional life in chronic psychiatric inpatients has been a matter of much debate, as the behaviour may be regarded as a result of mental illness or as being promoted by the disturbed environment.

As an indicator of pathological aggressivity I considered injuries in the records of 130 chronic psychotics between January 1980 and May 1982. The patients were 33 females and 97 males with an average age of 59 years and periods of hospitalization from 15 to 30 years. There were 53 schizophrenics, 50 oligophrenics, 14 demented, 5 epileptics, 4 manic-depressives, 2 hypochondriacs, 1 general paresis and 1 morbus Fahr patients.

An injury, whether accidental, self produced or inflicted by another person, always constitutes an emerging signal of an altered psychological equilibrium. The following, according to the results of my research, are the main factors facilitating or inhibiting hetero or auto directed aggressivity:

Facilitating factors

1. Crowding of the inpatients
2. Seriousness of psychopathology of the patients
3. Degree of restraint put upon the patients

Inhibiting factors

1. Functioning and cooperation of the nursing staff
2. Improvement of the patients' mental state
3. Increase of psychopharmacological therapy

The chronicity of the institution, a typical psychiatric hospital, is shown by the fact that, during the period of time taken into consideration, factor no. 2 remained constant. A trial of psychiatric reform brought about a general decrease of factors 1 and 3.

As a result there was an increase of patients' injuries: the rate of injuries per month changed from 5.0 in 1980, to 5.9 in 1981 and 5.8 in 1982. The χ^2 , however, in the years 1980 and 1981, both for total patients (d.f.=1) and for male patients (d.f.=1) is not significant (total patients $\chi^2=2.35$; male patients $\chi^2=3.18$).

Since the psychiatric hospital was at the time over-run by many and conflicting trends in the light of the psychiatric reform, the present data may partially support Sacerdoti's view (1971) that in an asylum (pathological) conflicts of the nursing staff are projected on to the patients, provoking an increase of aggressivity. Similarly it has indeed been demonstrated that the length of manic episodes correlated with the attitude of the nursing staff (Rizzoli, 1975). The salient factor seems to have been the diminished cooperation and friendliness of the nurses, which can be ascribed not only to the general worsening of medical assistance in Italy, but also to some conservative attitudes towards any serious effort of institutional reform. From this point of view the preventive measures suggested by Hawton and Leopoldt (1978) may represent a sort of *Verneinung* of the pathology of institutions.

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HIGH-DOSE NEUROLEPTICS

DEAR SIR,

The paper by P. Bollini *et al* (*Journal*, January 1984, **144**, 25–27) on high dose neuroleptics is a sad document of the present situation of Italian psychiatry. Three deaths are of course no chance finding with a procedure which also produced 56% adverse reactions. The therapy as described should not only be abandoned but has to be condemned. One of the reasons for such practices is the shortage of psychiatric beds in Italy after the law disbanded mental hospitals.