widely discussed" is perhaps misleading. It has been aired as an issue in a variety of ways and there is a growing body of literature on the subject reflecting the concern and anxiety which it quite rightly provokes. What is needed to ensure that it is widely discussed, and in particular with regard to the risks to junior psychiatrists and our colleagues in other specialities, is systematic and well constructed research to form the foundation to support the argument for change.

MARTIN HUMPHREYS

The University of Edinburgh
Royal Edinburgh Hospital
Edinburgh EH10 5HF

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Reply

DEAR SIRS

Dr Humphreys overestimates the modest aims of our study. There has been much recent focus on assaults to staff, including an editorial in the *British Medical Journal* and features in the *Health Service Journal* and *BMA News Review*. Our intent was to discover whether violence at work was also an important issue to junior doctors working in psychiatry, and whether elementary Health and Safety Executive guidelines were being met. The intensity of the responses we received left us in no doubt that many doctors were extremely concerned (Stark & Kidd, 1991), and that guidelines were unevenly applied.

Dr Humphreys identifies correctly the limitations of retrospective studies. We did not include discussion of retrospective study design as readers were likely to be familiar with the methodological difficulties. There are many other problems inherent in a retrospective postal questionnaire survey but, as always, the art of critical reading of the literature involves deciding what practical conclusions can be drawn from a study despite innate design constraints.

The difficulty in applying operational definitions to a retrospective self-completion survey was a concern to us, although we designed the questionnaire taking into consideration the Health and Safety Executive's definition of violence, "any incident in which an employee is abused, threatened or assaulted by a member of the public in circumstances arising out of the course of his or her employment". We were careful not to imply that we had reliable data on the incidence of assaults. Demonstrating that many doctors had felt in danger of assault, or had actually been physically assaulted (the wording used in our questionnaire) was sufficient to meet our aims.

Our purpose in stressing the number of incidents reported, and the number after which counselling was offered, was not as transparent as we had hoped. We wished to demonstrate the shortfall in reporting episodes, and consequently in doctors receiving support and guidance after potentially serious events. Lack of counselling was not solely caused by junior doctors failing to report episodes. Several doctors described senior colleagues who felt that feedback was neither desirable nor necesssary.

Alcohol is a common component in violent crime. The literature on antecedents of violent behaviour in hospitals is extensive, however, and alcohol is not implicated in the majority of assaults. It is evident that limited reliance should be placed upon predictors of dangerousness (Monahan, 1989). Rather, as we have stressed in the past, hospitals should strive to create systems which make the working environment as safe as possible for both staff and patients (Stark & Kidd, 1991).

It is sobering that Dr Humphreys feels that research into the field may strengthen negative stereotypes. The enthusiasm other public services bring to the issue offers a striking contrast to our hesitancies. Awareness of violence and expertise in dealing with potential incidents protects both staff and patients. We should resist any impulse to lower the profile of safety within the NHS.

BRIAN KIDD

Southern General Hospital
Glasgow G51

CAMERON STARK

Ross House
Paisley PA2 7BN

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A full list of references is available on request to Dr Kidd.

Clozapine-related seizures

DEAR SIRS

We would like to add to the recent correspondence in the *Psychiatric Bulletin* (Launer, 1992, **16**, 45–46 and Rigby & Pang, 1992, **16**, 106) concerning patient compliance with clozapine treatment by