

time in direct clinical contact. Our study suggests that this may be something of an overestimate.

Virtually all of the major outcome papers from the UK700 study have attracted correspondence implying a partial implementation of good practice (McGovern & Owen, 1999; Gournay & Thornicroft, 2000). Whenever presented at meetings the results generate very strong feelings because they do not bear out what advocates of this approach want to hear. Our critics are confident that they know what goes on in ACT teams and other forms of assertive outreach. However, detailed exploration of the literature in this area for a PhD (M.F.) fails to find evidence for even

such basic questions as ‘how intense is intense?’ Numerous policy statements about what is desirable, yes – but evidence of what happens, no. It is the purpose of research to replace conviction with knowledge. In the area of assertive outreach this is sorely needed. The UK700 study overall, and this paper in particular, helps reduce the gap between rhetoric and reality.

Gournay, K. & Thornicroft, G. (2000) Comments on the UK700 case management trial (letter). *British Journal of Psychiatry*, **177**, 371.

McGovern, D. & Owen, A. (1999) Intensive case management for severe psychotic illness. *Lancet*, **354**, 1384–1386.

Stein, L. I. & Test, M. A. (1980) Alternative to mental hospital treatment I. Conceptual model, treatment program and clinical evaluation. *Archives of General Psychiatry*, **37**, 392–397.

Teague, G. B., Bond, G. R. & Drake, R. E. (1998) Program fidelity in assertive community treatment: development and use of a measure. *American Journal of Orthopsychiatry*, **68**, 216–232.

UK700 Group (1999) Comparison of intensive and standard case management for patients with psychosis. Rationale of the trial. *British Journal of Psychiatry*, **174**, 74–78.

T. Burns, M. Fiander, A. Kent St George's Hospital Medical School, Section of Community Psychiatry, Jenner Wing, Cranmer Terrace, London SW17 0RE

One hundred years ago

Asylum reports – Scottish Royal Asylums

Perth

Dr. Urquhart refers to the dangers that are accompanying the fashionable drugs which are now so accessible to the public. “The abuse of such substances as antipyrin, which seems to have taken its place in the domestic medicine chest, to the detriment of the race, is almost as formidable as the indiscriminate and continuous unauthorised dosing with sulphonal and cocaine. Valuable as these remedies are when appropriately prescribed, each entails

its own special dangers. As soon as an anodyne or a soporific comes into general use, the results are recorded in the statistics of our medical institutions. We have lately reported a death consequent on a relatively small dose of sulphonal, and apparently due to its disorganising effect on the system. This drug was placed before the public as an absolutely safe hypnotic not many years ago, and it is now used with a freedom which is perfectly appalling; yet it has not been ascertained in what cases sulphonal is eminently dangerous, or where an idiosyncrasy exists forbidding its administration. We have also had under treatment

a patient who fell a victim to that insidious drug cocaine. Consequent on the relief experienced, he was enabled for a time to carry on an extensive business; but, while thus deadening the pain of persistent neuralgia, he was only treating a prominent symptom, without combating the underlying causes of his malady.”

REFERENCE

Journal of Mental Science, January 1900, **XLVI**, 191–192.

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

Corrigendum

Disclosing the diagnosis of dementia (letter), *BJP*, **177**, 565. The authors' names should read: A. Ahuja, D. D. R. Williams.