

visit places of amusement, to have money at his command, to choose his own recreation and occupation; and this liberty he forfeits if he abuses it, and strict surveillance and watching are exercised until he shows that he can control himself.

#### Moral treatment

By the moral control exercised personally by man over man, the patient's thoughts and feelings are to be directed from his morbid self-contemplation to that care and concern for others which is his normal state. Those about him will endeavour to supplant by other ideas, subjects, and occupations, his delusions and insane thoughts. As the former gain a foothold and predominance, the latter fade and disappear.

Under the head of moral treatment must be considered the question of occupation, exercise, and amusement; for nothing is of greater importance, not only to the welfare of the chronic, but to the cure of recent cases. All three are in turn requisite and indispensable, though not all are equally required by the same individual. To one bodily exercise is a necessity. In sub-acute, restless, sleepless mania, protracted muscular work will bring sleep, and act as a sedative more efficacious than drugs. Hard exercise will distract another whose thoughts are fixed unceasingly on melancholy subjects. I have known a man dig all day in the garden—dig a pit and fill it up again if other occupation for his spade was not to be had—and profit thereby. In public asylums there are far more opportunities for giving the inmates hard bodily work than exist among

private patients. It is very difficult to subject the latter, particularly ladies, to sufficient exercise. Many a lady would be the better, could she be made to do the hard day's work done by many in our public asylums; but beyond walking, it is next to impossible to provide any exercise for her. Gentlemen fare somewhat better: they can ride, play cricket, billiards, skittles, football; but play is not the same thing as regular work, and regular work and long-continued exercise are of more value than the short but severer labour of games. So with regard to mental exercise and occupation. There are many brains which require to lie fallow and do nothing; if they must be amused, we recommend a course of *Pickwick*, or such like fare, or backgammon, or bagatelle; but some patients require harder mental work. To distract their thoughts they need to fix their minds on a subject deep enough to engross attention, and employ them day after day, and week after week. Such are generally intellectual people, and their occupation must be intellectual. For them I have found no work so suitable as the study of new languages; it is intellectual without being emotional, and does not require a great number of books or much assistance. I have known ladies study Greek and Hebrew, to say nothing of German, Italian, and Spanish. There is no end to this occupation, and to a busy mind it is often very fascinating. But people differ: another may prefer some new fashion of embroidery or lace-work; and drawing and water-colour painting should be encouraged in all who have the very slightest artistic leaning.

## CORRESPONDENCE

### REGIONAL MEDIUM SECURITY UNITS: SOLUTION OR DISASTER?

DEAR SIR,

I read with interest the letter of Dr R. W. K. Reeves (*Bulletin*, February 1978, page 33) and would agree with many of the points which he makes. At first I welcomed the idea of the medium security units in the hope that they would provide a better service for patients, but like Dr Reeves I am now beginning to have second thoughts.

In this hospital we have, as anticipated, begun to develop major problems as a result of the Department's decision to grant the nurses manning these units an extra lead, allegedly because of the risks involved. The lead has aided recruitment to our unit, but has caused very considerable problems in the district because it is widely assumed that the lead

would not be paid unless it was intended that dangerous cases of the 'Broadmoor type' were to be admitted to the hospital. Furthermore, the same fear is widespread throughout the nursing staff who do not serve on the unit. For supporting evidence people point to the high fence which has been built around the unit. Therefore it is in vain that we explain that dangerous cases will still be admitted to the Special Hospitals and that we will only be continuing to treat the same type of forensic cases that we have been admitting for many years.

If it is true that the overcrowding in the Special Hospitals came about largely because of the over-zealous application of the 'open door' principle in our psychiatric hospitals, surely it would have been far cheaper to have reversed this latter policy and had a few locked wards and more staff, rather than have built these extremely expensive and highly staffed

units?

Finally, nurses say, and I agree with them, that if the lead is to be paid for nursing ordinary forensic cases should it not be paid for nursing very disturbed patients, where there is considerably more risk to the staff?

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DEAR SIR,

Dr Reeves is to be congratulated on a very detailed and cogent account of the problems likely to be caused by the proposed introduction of interim or established Regional Secure Units throughout the country. One can only congratulate him on a clear exposition of the broadly unacceptable premise on which the very misguided proposals of the Butler Committee were based.

That people who break the law because of psychiatric illness should be treated rather than punished is a thesis which would be acceptable to all of us. That this is reasonable and possible in the open-door setting of what has become an acceptable and conventional psychiatric hospital, is far less apparent. If we are to be faced with re-locking doors, re-establishing the quasi-penal attitudes of many years ago, this is clearly not something to be accepted without comment. What is even more disquieting is the tendency one sees for Courts to try to press for medical treatment of obvious psychopaths who are not merely disruptive influences within a hospital but are singularly little modified by a stay in it. Perhaps something very different from either a hospital or a prison should be available for this latter group, on the lines of establishments initiated in some overseas countries.

Be that as it may, the impact of psychopathic offenders, as well as psychotic ones compulsorily controlled in the present-day existing mental hospitals, is a potential disaster. I hope very sincerely that the College will be able to sway the Department's ill-judged decisions in this matter.

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#### PSYCHIATRY—HAS IT A FUTURE?

DEAR SIR,

May I draw the attention of your readers to a recent Open Forum organized by the Association of

Psychiatrists in Training under the above title? An enthusiastic audience of over 200, including some eminent psychiatrists, came to hear Professor Eysenck argue that much mental illness should be treated by psychologists alone, and Professor Pond described the need for professionals who can draw together the many psychosocial factors that are involved as well as the purely medical ones. Tirril Harris exhorted doctors to become more involved in the social factors that cause depression in the community, and a very lively contribution from Dr Anthony Clare called for the doctor who could treat the 'whole person' and argued against the separation of psychology from medicine suggested by Professor Eysenck.

The size of the audience and the lively discussion indicated that this is an important and popular topic. For this reason the whole proceedings were videotaped and an edited version (approximately 30 minutes long) will be available to stimulate discussion in other centres. It would be suitable for undergraduate and postgraduate teaching, and details will be available on application. The proceedings will also be published in booklet form principally for members of APIT, but a limited number will also be available for wider distribution.

For details of these and any other APIT activities, interested parties should contact me.

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#### A PLEA FOR PSYCHIATRIC BOOKS

DEAR SIR,

In this recently established Academic Department of Psychiatry we are trying to build up a respectable psychiatric library. We have been able to purchase some books but these have naturally been largely confined to volumes that have been recently published and that are still in print.

To supplement this we are looking for collections of older books on psychiatry. I should be very grateful if anyone who knows of any (e.g. personal libraries that are no longer required) would let me know.

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