worries of the civilized world about the ethics of all psychiatrists including our Soviet colleagues. They have it in their power to *prove* to the world that they indeed respect human rights and the dignity of their own citizens in the spirit of both Hippocrates and Helsinki. It would help their image so much too.

So logically Professor Snezhnevsky should welcome our resolution and its consequential initiatives. We understand that he had to make his token protest. It is sad for him.

HENRY DICKS

26 Frognal Lane,
Hampstead,
London NW3 7DT

VIOLENCE IN HOSPITALS

DEAR SIR,

Health Circular (76/11) has now been published with the Appendix prepared by the Royal College of Psychiatrists and the Royal College of Nursing on 'Principles of good medical and nursing practice in the management of acts of violence in hospitals'. The Appendix is obviously right in emphasizing that prevention must be the first objective, and it is regrettable that the most important means of preventing violence in psychiatric patients—namely the maintenance of a full programme of therapy, rehabilitation, and occupation for each patient—is not mentioned in the Appendix, although it is mentioned, very briefly, in paragraph 6 of the Circular. The point seems worthy of emphasis because of the danger of staff thinking negatively rather than positively on this subject of violence—just as the community in general tends to think in terms of direct prevention of acts of violence and vandalism, particularly amongst the young, rather than in terms of providing social, educational, and recreational programmes which will direct the energies of the young people into socially acceptable activities.

There is a further serious omission from both the Circular and the Appendix—namely there is no mention of the use of seclusion as a means of restraint. There are, of course, very serious objections to the use of seclusion except for very brief periods under strictly controlled and supervised conditions, but seclusion is, in fact, one of the most frequently used methods of dealing with violence and I am afraid this will continue to be the case so long as staff have to work short-handed in wards containing potentially violent patients. Your readers may feel that failure to discuss, or even refer to, this difficult matter of seclusion is a serious omission both in the Circular and in the Appendix.

G. O'GORMAN

The Square House,
Peppard,
Oxon

https://doi.org/10.1192/S0007125076307211 Published online by Cambridge University Press