suitably placed cupboard. For any degree of flexibility, comfort and efficiency, a larger system is preferable (including two cameras, remote controls, and all equipment left connected) and requires its own video room. Currently about £2,000 will provide a basic set-up, and £4,000–5,000 for the more satisfactory arrangement; these figures include amounts to allow for tapes, room alterations, maintenance, and inevitable extras. For help with equipment decisions, a retailer specializing in video should be asked to visit: his helpfulness and willingness to give time will be a reasonable measure of what can be expected in after-sales service. Once the decision is made to go ahead, the facility should be worked on until it is going perfectly (or as well as can be expected), and this may mean that the retailer will have to return 10–20 times to make changes, advise on equipment, alteration of connections, etc: allow many months. The VCR/VTR requires higher rate VAT, but this may be avoided by arranging for your local charity to buy it and donate it. Editing is too time-consuming to be feasible, but an opportunity to edit, even rarely, may be very useful. Special rules must be devised for the use of tapes and equipment to ensure economy and minimize time wastage. Finally, although each video set-up is unique in its objectives and lay-out, it is invaluable to visit units in operation and to discuss video with those involved.

Acknowledgements

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CORRESPONDENCE

POLITICAL DISSENT

DEAR SIR,

I was interested in the letter from Professor A. V. Snezhnevsky in *News and Notes*, April 1976, p 2. As he mentions me (albeit without the final 's' of my surname) I trust you will kindly allow me space for a reply.

Professor Snezhnevsky really agrees with the content of the motion I had the honour of proposing to the Quarterly Meeting last November. He concedes that national approaches contribute to 'world psychiatry' and that 'by mutual efforts abuses of psychiatry for non-professional purposes *will* be abolished' (my italics). So we British are right to emphasize our national disapproval of existing abuses—our part of the mutual effort to get our Soviet (and other dictatorial) colleagues to desist. Unfortunately I have to repeat what I wrote to A. V. Snezhnevsky in my personal letter (to which his letter to the College is a sort of reply), namely; that we can no longer continue to disbelieve the evidence showing that in his country persons who are by our nosological standards sane are forcibly confined in various types of psychiatric institutions. The Medvedyev brothers' book *A Question of Madness* was followed by a mass of indubitable facts, including the evidence of those few who were released. Thus, Mr V. Fainberg whom *Literaturnaya Gazeta* recently described (in an article for internal consumption) as having 'relapsed' in Britain into schizophrenia has been awarded damages for defamation and an apology from London's *Morning Star*, who had trustingly reprinted the article. Many of us here know Mr Fainberg well as a mentally healthy, enviably robust personality.

Professor Snezhnevsky deplores our discourtesy in questioning an activity undoubtedly instituted and enforced by the Soviet Security services (MVD, KGB), to remove and discredit awkward protesters they find it impolitic to prosecute—an activity he explicitly joins us in condemning. He is far too intelligent and sophisticated not to know that the only reason why an increasing chorus of Western (and not only British) psychiatrists raise their voices in protest, is because of the hypocrisy of those Soviet colleagues who try to tailor a pseudo-nosology of schizophrenia, etc, to fit these political non-conformists, so as to justify the equivalent of 'detention at Her Majesty's pleasure' as dangerous lunatics, stupefied with psychotropic drugs.

Professor Snezhnevsky says 'such questions deserve scientific investigation and serious professional assessment . . .'. It is just this which made Dr Shapiro and me put the resolution to the College. Its effect could be to field a serious psychiatric and legal team to carry out such studies on the spot. It is the Soviets who regard all critique as 'political warfare'. Our 'norms' demand that we allay the

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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

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