secure psychiatric facilities; of this amount only £351,263 was spent on such developments and the remainder was used to promote other services, or to pay the debts accrued by them.

The DHSS and several Government committees (e.g. HSC(1S)61; Special Hospitals Working Party, 1961; Glancy Committee, 1974; Butler Committee, 1975) have repeatedly emphasized that psychiatric hospitals should continue to manage difficult patients, the violent and the majority of mentally abnormal offenders who are subject to Part V MHA, and where necessary hospitals should provide for treatment in conditions of security. If this situation is achieved the proposed forensic developments will provide additional facilities for mentally abnormal offenders. Future Prison Department reports might then be concerned more with the resolution of penal problems than with the difficulties of managing those thrust into it by other defaulting services. If forensic developments result in a further discussion of difficult patients and offenders from the mainstream of psychiatry it will be counterproductive: a few Regional secure units will not possibly be able to manage, the Special Hospitals will rightly resist excessive demands as they do at present, and the prisons will continue to bear the brunt. These problems arise because repeated recommendations, assertions and policy documents do not represent the views of the profession as a whole. The forensic developments envisaged by both Glancy and Butler, and their implications for general psychiatry that services to difficult patients, whether offenders or not, are maintained and improved, are obviously unacceptable to the majority of psychiatrists. That official policy runs counter to the will of the profession must be faced. Penal reform begins at home.

PAUL BOWDEN

CORRESPONDENCE

HEREDITARY HYSTERIA

DEAR SIR,

A family group is being studied which has a unique symptomatology. In their early twenties affected members develop whispering dysphonia, invariably diagnosed as hysterical, then they go on to develop spasmodic torticollis and in some cases generalized choreiform movements indistinguishable from Huntington's disease. What makes this family so interesting is that two members in the fifth Australian generation have Wilson's disease.

Two sisters who migrated to North Queensland in 1886 and who brought this condition to Australia came from Heacham in Norfolk, and it is inherited as an autosomal dominant with complete penetrance. I am going to England for six weeks from mid-December 1977 to study relatives in the United Kingdom and am keen to investigate any families who may possibly have this complaint. It would be greatly appreciated if any of your readers who know of patients with hysterical whispering dysphonia and with a relative diagnosed as having Huntington's disease, would contact me, care of Dr Edward Bird, Department of Neurological Surgery and Neurology, Addenbrooke's Hospital, Hills Road, Cambridge CB2 2QQ.

NEVILLE PARKER

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Victoria,
Australia

REVIEW OF THE MENTAL HEALTH ACT

DEAR SIR,

In *News and Notes* of April 1977, Dr A. C. P. Sims, writing in relation to the Review of the Mental Health Act refers to the use of police stations as 'places of safety' under section 136. There is one important aspect of the matter which appears to me to be implied in his letter and to be overlooked by many when they advocate that psychiatric hospitals should be used. This is that the person taken to the psychiatric hospital is automatically admitted. Section 136 of the Act says that the person may be 'taken to' a place of safety and there detained, etc. Nowhere does it say 'admitted'.

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Before the Act came into force I discussed this point with the Chief Constables of the various police authorities serving the area covered by this hospital. They favoured the hospital being used, but when I pointed out that this would mean that the police themselves would be responsible for caring for the person—*and the place*—'pending examination' and that admission would have to await the examination by doctors and the arrival of a Mental Welfare Officer to make the application, they agreed that this would not be practical. They preferred to retain the police station.

I have never been able to accept that under Section 136 a person can be admitted. If I did, I would agree with Dr Sims that patients might be admitted who did not require admission. As it is, only approximately 50 per cent of those taken to police stations in the area we cover require admission and of these quite a number come in informally.

DAVID RICE

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NEWS ITEMS

Polyclinic for the Mentally Handicapped

This purpose-built Polyclinic was opened at Purdown Hospital, Stapleton, Bristol, on 20 May 1977 by Professor Linford Rees, President of the Royal College.

The function of the Polyclinic was outlined by Dr Joseph Jancar, who explained that the Polyclinic was a natural development from the multi-disciplinary mental handicap research centre founded at Stoke Park by the Rev. Harold Burden at the beginning of this century and of the assessment clinics established in the community by the staff of the Stoke Park Group of Hospitals in the 'fifties. The Polyclinic symbolized the multi-disciplinary team approach which was concerned not only in the care, education and rehabilitation of the mentally handicapped within the hospital but also in providing services to patients and their families in their homes and in social services establishments in the catchment area. The staff of the Polyclinic were also concerned with the counselling, research and prevention aspects of mental handicap.

In opening the Polyclinic Professor Linford Rees reminded the audience that Purdown, Stoke Park and associated hospitals had a long record of illustrious research into the field of mental handicap, associated with such famous names as Berry, Norman, Fraser Roberts, Golla and Grey Walter, and also an outstanding record for the provision of services for the mentally handicapped. These high standards had been continued by Drs Jancar and Heaton-Ward (both of whom had been elected to the Blake Marsh Lectureships of the Royal College of Psychiatrists) and by their other colleagues in the hospital and the community. The College considered mental handicap to be one of the most important specialties in psychiatry, and one of the most promising areas of psychiatry for research. They could look forward to most exciting and important developments in this field. The new Polyclinic would serve as a model for similar developments elsewhere.

University of Birmingham Faculty of Education

A Priorsfield Fellowship is offered every term at the Faculty of Education, University of Birmingham, to members of any profession who are concerned with work relating to children with learning difficulties. The Fellowships are intended for those with extensive experience in a relevant field, to enable them to have a period of time to write, study or carry out research, and also to provide opportunities for interdisciplinary contact within the Faculty. It is hoped that Fellows will contribute a limited number of seminars on topics of their interest to some of the advanced courses in the Faculty. Fellows are normally given leave of absence with salary by their employing authorities, but bursaries are available in cases where this is not possible.

Appointments to Fellowships are made both by selection and by invitation. Further information and particulars can be obtained from the Secretary for the Priorsfield Project, Faculty of Education, University of Birmingham, Birmingham B15 2TT.

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