

less than a year: two of these patients have organic brain syndromes and two are schizophrenic. We have no access to a mental hospital or similar long-stay facility but one patient from the district has been in a private hospital for over a year and another has been transferred from a special hospital to a mental hospital in a neighbouring county.

Follow-up of all discharges¹ has shown that, over a six year period, 17 patients have had continuous stays lasting more than a year (seven organic, five affective and five schizophrenic). Of these three are dead, two were transferred to the dementia unit and others have been resettled at home, in hostels or private nursing homes in circumstances which seem adequate and appropriate.

These figures are substantially lower than those quoted by Dr Haslam but comparable with the 20 patients from a population of 230,000 accumulated over 11 years meeting criteria for admission to a Manchester Hospital Hostel² Obviously further investigation is required to establish whether the service is indeed meeting patients' needs and whether a substantial number drift out of contact. With regard to the latter point we have continuing contact through community and day services with 75% of our discharged patients diagnosed as schizophrenic.

This pattern has emerged from a small industrial town and its environs in which 90% of the population live within four miles of the hospital. We also have the advantage of a wide range of resources planned under the Worcester Development Project (rehabilitation hostel, day hospital, day centre, community nurses and mental health social workers). One should be cautious about extrapolating conclusions to different catchment areas, particularly large cities. Nevertheless we are concerned that unwarranted pessimism about the possibility of community care may result in perpetuating the existence of large out-moded institutions, locking up large amounts of money and resources which urgently need diversion to progressive psychiatric services.

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²GOLDBERG, D., BRIDGES, K., COOPER, W., HYDE, C., STERLING, C. & WYATT, R. (1985) Douglas House: A new type of hostel ward for chronic psychotic patients. *British Journal of Psychiatry*, 147, 383–388.

Human volunteers in pharmacological experiments

DEAR SIRS

An interesting debate has started in the Republic of Ireland as to the question of healthy human volunteers being used in pharmacological experiments. I would like to put forward a few points.

(1) Subjects should be fully informed of all the known side-effects in language which he can understand and which is free from unintelligible jargon.

(2) The subjects' motives should be carefully assessed before being admitted to the study—the chance of personal gain should in my opinion exclude the subject.

(3) All evidence, and results of such experiments should be available for scrutiny by the subjects or their representative for ten years after the research is complete.

It may be of interest to your readers to know that a medical student at one famous London teaching hospital was involved in just such experiments, and due to pressure being applied he had no option but to repeat the procedure without being given the opportunity to reveal the side-effects of the drug given in the first experiment.

He subsequently failed his finals repeatedly, was admitted to hospital himself five times, and was on medication for almost 18 years. Whether this was the only factor in his illness is not known, for sure. However, it underlines the point that pharmacological experiments can be extremely dangerous not only for the researcher, but for the subject. I would put in a plea for stronger safeguards in the future.

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Peer group counselling – appeal for help

DEAR SIRS

At the beginning of May an interesting and useful initiative will be getting off the ground in the Greater London area. For the past six months a group of young people has been undergoing training in peer group counselling – and another group in problem solving – in the field of drug misuse. In May they will be ready to start working together in teams of two under the auspices of the Association for Prevention of Addiction (APA).

However, the psychiatric registrar who was going to conduct the supervision group has had to withdraw for family reasons and we are left with this gap. It is of first importance that someone – a psychiatrist or a psychotherapist – takes this group regularly every week because it will be necessary to keep the counsellors on course and the advisers supported in the difficult area.

I am appealing for someone used to group work to come forward and do this vital job. The APA teams themselves will be working voluntarily, with only their expenses being paid, out of their wish to do their best for society.

Although they are young and inexperienced their training will have gone a long way towards preparing them for working with drug takers, problem drug misusers, their families and friends. But there are bound to be occasions when they will be uncertain whether the interventions they have made during a session with a client have been the most likely to advance the process or even been appropriate.