taking place at home and for the easy contact with the community team that it offered. (Satisfaction ratings did not relate to how much patients improved in symptoms or social adjustment.)

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Hair analysis for substance use

Sir: McPhillips *et al* (1998) described the use of hair analysis as an outcome measure in research and for evaluating the effectiveness of treatments designed to modify substance use. We wish to report its acceptability in the context of clinical research and development. We have collected hair samples from 36 patients engaged in a randomised controlled trial evaluating the effectiveness of individual and family cognitive–behavioural therapy for patients with schizophrenia and comorbid substance use problems. Mental health and substance use assessments of outcome were carried out at baseline, 3, 6, 9 and 12 months for the majority of patients following entry to the trial. Hair sample collection was carried out at roughly equivalent times resulting in, at the time of writing, a possible 148 samples being collected. Entry to the trial was not dependent on consent to supply a hair sample. Hair was collected mainly from the scalp (116/148 samples), legs (14/148 samples) or underarm area (5/158 samples). Leg or underarm hair was sampled only when the scalp hair was shaved or too short to provide an acceptable sample. The sample collected was taken from close to the skin and was approximately 2 cm in length and 0.5 cm thick. Consent to provide hair samples was given by all except one subject who refused to consent at any time point (5/148 samples). Three other subjects refused on some occasions, but consented at other time-points (5/148 samples). Three other samples were not collected because of the death of a subject. As a result, 93% of the total available samples were collected. Even apart from issues of improved reliability, validity and usefulness, the acceptability of hair sampling to establish patterns of substance use is high, and probably higher than urine sampling. It is likely to be much more widely used as both a clinical and a research tool in the future.

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One hundred years ago

Lunatics at large and the public press

The daily Press, or at least a certain section of it, oscillates between two extremes in its views of the treatment of lunatics.

If some half-cured lunatic succeeds in attracting popular attention, the Press loudly advocates legislation that will prevent "incarceration" in an asylum, or, if a discharged patient commits a crime, it is equally forcible about "lunatics at large," and the wrongfulness of letting insane persons out of asylums.

The "lunatics at large" of which complaint is thus made, it should be remembered, are largely the outcome of the recent legislation, which was mainly based on these illogical outbursts of the Press.

The difficulties in placing a sick person with mental disorder under treatment resulting from the recent Lunacy Act, leads to many of these becoming "lunatics at large," until their lunacy is placed beyond all dispute. This is often arrived at by the uncertified lunatic committing some overt act, such as assault, homicide, suicide, or homicide followed by suicide, and thus proving that he needs or has needed treatment.

The number of "lunatics at large" thus created is probably considerably increased by the periodical recertification of lunatics under the recent Act, which may lead to the discharge of patients, who although manifesting no certifiable symptoms while under detention, develop their lunacy very shortly after discharge. Many of these "lunatics at large," therefore, are not under control, not from want of evidence of their insanity, but because this evidence is not within the personal observation of a medical man at the time when he is called on to certify.

The Medical Certificate evidently does not cover the ground, and it is obviously desirable that there should be some other procedure whereby a known lunatic could be placed or detained under care, when from any reason the written evidence of a medical man is not available.

The crimes which result from this defect of the law appeal by their striking character to the popular mind. They are, however, of little importance in comparison with the mass of mental suffering, prolonged even to lifelong lunacy, produced by the hindrances to treatment which the law entails in demanding written evidence (as an oath), from a medical man, as the only means whereby a sick person can be appropriately treated.

The "liberty of the subject" has been the popular cry on which this lunacy legislation has been based, with the object of preventing the most improbable possibility of a sane person being sent to an asylum. In this zeal for liberty many hundreds of sick persons are annually deprived of the liberty of obtaining the medical treatment they require, obtaining in exchange only the liberty to commit suicide or homicide.

The public should be clearly instructed that the annually recurring and possibly increasing horrors from the crimes of "lunatics at large" are the price it pays, under the existing lunacy law, for protection from an illusory danger to the "liberty of the subject." "Oh, liberty! liberty! how many crimes are committed in thy name."

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