

experiments are happening and surely the evaluation of the effectiveness of these services is thus as proper an area for scientific study as any of the more common subjects at psychiatric scientific meetings.

The implication from the fact that individuals working in these services are interested parties seems to be that they are thus incapable of scientific rigour. This is fatuous, since all researchers are interested parties as far as their research is concerned. It is also inconsistent with the suggestion that the College "would be better to follow up its previous support for an improved NHS". This seems to argue for a partisan campaigning stance without serious consideration of the question of whether the vast majority of patients would be better served if psychiatric services were provided independently of the NHS, for example in a "contracted out" system. Such an attitude would seem unworthy of a Royal College.

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DEAR SIRS

Following the session on Psychiatry in the Private Sector, of the College's Meeting (26 October 1988), Dr Appleby and others wrote to the President of The College. "The point is whether or not this particular session should be given by implication academic status equivalent to the other session topics, such as psychiatric genetics or community care . . ." (*Psychiatric Bulletin*, December 1988 12, 554). Dr Appleby and the others who signed that letter to the President, who were conspicuous by their absence at the session, may be unaware that one of the most important papers delivered at the Quarterly Meeting 'A Locus on Chromosome 5 for Schizophrenia' by Robin Sherrington, Hugh Gurling *et al* (1988) was supported, among others, by The Priory Hospital. Dr Mark Potter, one of the co-authors, held a Priory Research Lectureship at University College and the Middlesex School of Medicine, at the time that this work was done. This very influential paper, which was recently published in *Nature*, must be regarded as one of the most important papers in the world psychiatric literature of 1988.

The Priory Hospitals Group supports research at two other medical schools - Charing Cross and St Bartholomew's Hospital. The Priory contributes £100,000 per annum to fundamental psychiatric research. It also provides an opportunity for three registrars to gain experience in research methodology in academic departments.

The Royal College of Psychiatrists was founded to improve the care of psychiatric patients, enhance teaching and support research. The Priory Hospital

is accredited by the College for the training of registrars and is making its contribution to the NHS by this and by training nurses from teaching hospitals.

The President, in his reply to Dr Appleby, suggested that those who signed the letter to him might "ask questions and discuss their particular concerns". Surely the College is a proper place for open debate. After all, the College has been at the forefront of campaigning for scientific freedom in Russia.

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Reference

SHERRINGTON, R., BRYNJOLFSSON, J., PETURSSON, H., POTTER, M., DUDLESTON, K., BARRACLOUGH, B., WASMUTH, J., DOBBS, M. & GURLING, H. (1988) Location of a susceptibility locus for schizophrenia on chromosome 5. *Nature*, 336, 164-167.

Discharge refusers

DEAR SIRS

We all know the trouble we often go through to bring some patients into hospital. In some cases, it might require the services of a hospital doctor, a GP, an Approved Social Worker, an ambulance crew, and the Police, not forgetting the tearful, pleading relatives.

It can be equally difficult to get a patient *out* of hospital, when the multidisciplinary team is satisfied that the patient no longer requires in-patient treatment, and that, in their view, he or she has been adequately prepared to cope with life in a residence outside hospital.

I have known patients who have refused to leave hospital for (a) their own homes; (b) hostels; (c) a residential care home; and (d) a group home. I would like to give brief case histories of three of these patients by way of illustration:

Miss J. A., aged 23, was admitted following several episodes of physical aggression at home. A shy, self-conscious, non-assertive young woman, her sudden violence was totally out of character, and was her reaction to the persistent hallucinatory voices tormenting her with discussions about her, and commenting on her every action. With medicinal treatment and occupational therapy, she rapidly settled down. Some three months into her admission she was considered for weekend leave, but her parents refused to have her, and have consistently maintained that they no longer wanted her home because she kicked her pregnant sister in the abdomen during the acute phase of her illness. Accordingly, we introduced her to a local hostel and she spent a few hours a day, two to three days a week, at