

Toxic Effects of Aerosol Moth Spray

SIR,—I wish to report an occurrence of illness after eating food contaminated by a domestic aerosol insecticide.

Five young males were affected. They were all nearly 20 years of age. Late one evening they ate sandwiches at a public house, three eating cheese sandwiches, one eating ham sandwiches, and one a portion of pickled onion. They noticed that the food had an unusual taste. While they were still eating, one of the staff of the public house advised them not to eat the cheese sandwiches as her small child had sprayed the sandwiches with a proprietary aerosol moth spray.

Over the next nine hours all members of the group were taken ill. Three reported that they suffered nausea, vomiting, and had diarrhoea within the first half hour. Twelve hours later two of these three had recovered fully, but the third still felt unwell. The remaining two members of the group were less severely affected, one suffering from mild nausea. Both had recovered when they reported to me 12 hours after eating the sandwiches. Physical examination of the two that reported revealed no abnormalities and their urine showed nothing abnormal.

The manufacturers of the aerosol have very kindly given me details of its contents. Dieldrin is by far the most toxic of the substances present, causing headache, vomiting, diarrhoea, and giddiness. Heavier doses may cause convulsions. Significant quantities may be absorbed through the skin, as well as by ingestion and inhalation. The pattern of illness suffered by the five youths appears to correspond closely to the acute toxic effects of dieldrin.

It is reasonable to say that such a product must be misused in order to create a hazard. This affords little comfort when the product may so easily find its way into the hands of people who cannot be expected to realize its dangers.—I am, etc.,

I. PICTON-ROBINSON,
Medical Officer.

Austin Motor Co.,
Birmingham.

Dangerous Patients

SIR,—Your leading article (11 February, p. 317) discusses mental hospitals only. Information is also available for the hospitals for the mentally subnormal.

In an investigation involving two adjacent hospital groups covering six years, a total of 1,338 adult males and 754 adult females were found to have been permitted to leave the hospitals for definite periods or to have absconded. At approximately the middle of the period of inquiry new medical superintendents were appointed to each group, so four differing policies may have been in force.

The total number of crimes known to the police or the hospital staffs committed by the patients above was 77. Of these, 53 were committed by 185 absconders who absconded on 309 occasions. Many crimes were of a trivial nature, but those to which your leader refers—that is, dangerous—were reported as threatening to murder, threatening to murder with knife, threatening to attack with knife, using revolver to resist arrest, attacking police, threatening police with large stones, striking woman causing unconsciousness, striking woman and searching handbag, striking parent, assaulting two children,

throwing stones at baby, and eight incidents of sexual assault on girls from the age of 3 years and four on boys.

As the numbers show, the problem is not large, but these crimes were committed by the mentally subnormal from the ordinary hospitals, the more dangerous patients being in the special State hospitals for violent and dangerous cases.

The investigation was completed on 30 June 1958, before the liberal Mental Health Act came into force. An inquiry made since the provisions of the Act have been utilized may show a greater incidence of crime.

Should the innocent great majority of the mentally subnormal in hospitals suffer by restraints on account of the few who commit crime? The innocent sufferers at present are the public.—I am, etc.,

G. DE M. RUDOLF.

Mount Pleasant Nursing
Home,
Clevedon, Somerset.

REFERENCE

¹ Rudolf, G. de M., *Med. Press.*, 1961, 245, 466.

SIR,—Your leading article "Dangerous Patients" (11 February, p. 317) and the article by your Legal Correspondent in the same issue (p. 373) would both appear to point to the need for certain amendments in the Mental Health Act, 1959, which might increase the safeguards for the general public in our management of mental disorder. The "factors which embarrass the working of the Mental Health Act" which you mention in your leading article may well arise from imperfections in the Act itself, and the "anomalies in the working of the Mental Health Act" could perhaps be "ironed out" by certain amendments to the Act.

On 22 November 1958 (p. 1294) you were good enough to publish in your journal a letter from myself which was in comment upon two articles, "Open Doors" and "Disordered Society" (8 November 1958, pp. 1150 and 1154). I suggested, rather urgently, that an investigation should be made into any possible relationship there might be between a "liberalizing mood" in mental treatment and increase in crime, with particular reference to sexual assault and crimes of violence, before the legislation based upon the Report of the Royal Commission on the Law relating to Mental Illness and Mental Deficiency reached its final stages. No letter in comment subsequently appeared in your columns. The matter was brought to the attention of Members of both Houses of Parliament, including the Minister of Health, and a direct appeal was made to the Lord Chancellor of that time, all to little avail. No figures relating mental disorder and incidence of crime were available. A recent inquiry of the Home Office, through my Member of Parliament, has revealed that no relevant statistics are even now available, and that equally no specific relevant research project is in progress.

Returning to your leading article, not only is the alarm which Lord Parker has sounded "understandable" and a cause for "public concern," but the alarm should be a matter of urgent importance to the medical profession as a whole. In how far is it really "shared by hospital psychiatrists"? Only one, to my knowledge, has definitely voiced any concern, H. R. Rollin,¹ who is quoted in your article. You go on to say that an ever-

increasing number of cases are entrusted to the hospital psychiatrists' care, the number of hospital orders (section 60) having risen from 838 in 1961 to 1,095 in 1965. Could it not be that this rise is due to an increased number of mentally disordered persons capable of criminal behaviour being in circulation because of the liberalizing effects of the Mental Health Act on the one hand and the accompanying perhaps over-enthusiastic psychiatric attitudes on the other?

The ease with which a patient can obtain discharge from detention in hospital by absconding is stressed in your leading article, and your Legal Correspondent describes other methods by which a patient can be discharged when such discharge does not depend upon the recommendation of the doctor in charge of the patient. Amendments to the Act might include a lengthening of the period during which a patient who has absconded from hospital may be apprehended, perhaps with special provisions for patients admitted through the courts. The question of discharge by the "managers" of a hospital (and nothing in the Act states that the management committee members in question need be medically qualified), and the workings of mental health review tribunals, might be reconsidered. Probably a number of features in the Act which concern detention in hospital could be reviewed to advantage, such as the special conditions depending upon age which apply to psychopathic and subnormal patients, and the duration of the "leave" period, but it is my wish in this letter only to call attention to the possible need for amendments to the Mental Health Act, 1959, if "the vastly important Act itself is not to fall into disrepute."—I am, etc.,

Sandhill Park Hospital,
Taunton, Devon.
M. P. NELSON.

REFERENCE

¹ Rollin, H. R., *Brit. med. J.*, 1963, 1, 786.

Radical Bladder Surgery

SIR,—The purpose of leading articles is to lead. They should draw attention to novel items of medical interest and discuss their relevance or, in the presence of contradiction, draw guide lines to assist the profession. In the last case they should not compound the contradiction.

In your leader (28 January, p. 188) on radical bladder surgery you make two statements in adjacent paragraphs which can only confuse your readers. Having discussed the merits of a planned cystectomy a few weeks after radiotherapy, you say "combination of the treatments" the other way round, following cystectomy by irradiation, seems to have little value." The sentence after the next reads, "It is now clear that radiotherapy improves the prognosis after surgical excision." Although I assume you are referring in one to the hazards of urinary diversion in an irradiated field and in the other to deaths from bladder carcinoma, the distinction is by no means clear.

As with so many authoritative articles and statements, the result may be that those not familiar with all aspects of the discussion and in a position to perform radical surgery or radiotherapy will proceed with the initial part of the treatment without adequate consultation with their colleagues, who are expected