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Dangerous Patients

Sometimes for the right reason, sometimes for the wrong reason, and sometimes for no reason at all mental hospitals have in recent years taken heavy criticism. However, on the latest occasion for them to hit the headlines the fault lay in the law relating to the admission of mentally abnormal offenders, which puts these hospitals in an impossible position. In effect they are required, like Janus of ancient mythology, to look in two directions at the same time: forward towards a therapeutic community with the open door as its symbol and backwards towards the security of a prison. The ludicrous paradox of this situation is illustrated by the case of a young man of 20, Barry John Stringer, who late last year, according to his own statement, attempted to kill three entirely strange, innocent, and unsuspecting women with a carving knife he had deliberately bought for the purpose. He pleaded guilty to attempting to murder all three, and it seems that it was only a matter of anatomical good fortune that prevented him from succeeding in his attempt.

According to the newspaper reports[1] Stringer was committed to Long Grove Hospital, Epsom, under the Mental Health Act, 1959, by Bow Street Magistrates for possessing an offensive weapon, a bread knife. He was, it was stated, suffering from paranoid schizophrenia. Since his admission to Long Grove Hospital in August 1973 he had escaped on no fewer than five occasions, and it was on the last of these that the terrifying assaults took place.

It is easy to be wise after the event, but on this occasion it would not have been difficult to predict disaster. Stringer was known to be suffering from severe mental illness in which, as the result of delusions, assaults can take place; his potential for violence was expressed in his offence of possessing an offensive weapon because of which he was admitted to a mental hospital, presumably under Section 60 of the Mental Health Act; the mental hospital that received him was a conventional, "open" hospital which does not pretend to offer security. That this was so is evident from the fact that Stringer apparently absconded virtually at will. Nevertheless, the hospital seemed impotent to do anything to alter the situation, and it was not before he had committed what might have been a multiple murder that he was at last directed to be detained at Broadmoor Hospital under a restriction order (Section 65) without limit of time.

Time and again we have in these columns[2-8] protested about the grave shortage of beds in secure hospitals. These protests have been coupled with deep concern about the task imposed on conventional, "open" hospitals and the opprobrium they receive when they fail to do the impossible. The Butler Committee is collecting evidence which could lead to changes in the law in relation to the mentally abnormal offender. It might seriously consider the recommendations of the Royal College of Psychiatrists[9] that the phrase "violent and criminal" should be deleted from the requirements for admission to a special hospital and that "Special Hospitals should be redefined as institutions for persons subject to detention under the Act, who, in the opinion of the Minister, require treatment under conditions of special security 'on account of their dangerous propensities'."

1 *Daily Telegraph*, 17 January 1974, p. 3.
2 *British Medical Journal*, 1967, 1, 317.
3 *British Medical Journal*, 1969, 3, 426.
4 *British Medical Journal*, 1970, 3, 537
5 *British Medical Journal*, 1971, 3, 443.
6 *British Medical Journal*, 1972, 4, 129.
7 *British Medical Journal*, 1972, 3, 70.
8 *British Medical Journal*, 1973, 1, 247.
9 Royal College of Psychiatrists, *News and Notes Supplement to the British Journal of Psychiatry*. January 1974, p. 4.

Pathogenesis of Emphysema

At first sight the attribution of emphysema to inherited deficiency of α_1-antitrypsin[1] is no more encouraging to clinicians than the older theory of lung degeneration due to wear and tear. If the deficiency were just a genetic marker its relationship to emphysema would be mainly the concern of geneticists; and if emphysema occurred only in the homozygotes with extreme deficiency (about 0·15% of the population), then the disease would merely be an interesting rarity. In practice, however, it seems that emphysema can be a direct result of α_1-antitrypsin deficiency and also that it may occur in heterozygotes with intermediate levels of deficiency—and these may constitute up to 14% of the population.

The theory that the lung can be damaged by the unopposed action of trypsin or other proteolytic enzymes is supported by the fact that panlobular emphysema with the physiological characteristics of the human disease[2] can be induced in animals by aerosols of papain, a proteolytic enzyme which selectively