

her doctor. She had been known to be healthy until about 10 days prior to her referral, when her colleagues noted her to be unusual. She became disinhibited and started making sexual suggestions. Later on, she began singing at the top of her voice and completely neglected her work. One of her friends at work took her to see her own doctor which ultimately led to her referral. There was no previous history of psychiatric contact, nor was there a positive family history. She was admitted to hospital and prescribed chlorpromazine in increasing doses up to 1500 mg, when she started showing anticholinergic side-effects. She remained on this dose for 5 weeks without any change in her mental state. A thorough physical screen revealed antithyroid antibody titre. She was commenced on thyroid replacement therapy. A week later her symptoms had disappeared, and she remained symptom-free three months later.

Both these patients had an acute onset in a healthy premorbid personality. They remained resistant to high doses of antipsychotics drugs, but responded rapidly to thyroid replacement therapy. They lend further weight to Prasad's contention that resistant mania in a good premorbid personality merits investigation for Hashimoto's thyroiditis.

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Reference

PRASAD, A. J. (1985) Manic presentation in Hashimoto's thyroiditis. *Clinical Notes On-Line*, 1, 66.

"Criminal Law and Psychiatry"

SIR: May I please comment briefly on Dr Paul Bowden's review of *Criminal Law and Psychiatry* (*Journal*, October 1987, 151, 573-574).

I appreciate the need for criticism and welcome it, but cannot help feeling that this review does less than justice to the work of my distinguished co-author. The tone is personal, the judgments subjective and shallow and, regrettably, where it is specific, it takes passages out of context and summarises them inaccurately.

This was not so much a criticism of a serious book as an attack on its authors. I understand why Consultant Forensic Psychiatrists and Senior Prison Medical Officers do not always see things from the same perspective, but I think it is rather sad that this should colour the judgement of such a distinguished man.

We refute the allegations of professional error and will continue to be unrepentant bureaucrats. We know that necessary bureaucracy is inescapable if criminal courts are to function, if the Mental Health Act 1983 is to be properly applied with all its safeguards, and if penal institutions and special hospitals are to operate within the law.

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A HUNDRED YEARS AGO

Escape of a hospital patient

The following authoritative particulars respecting the escape of an in-patient from Guy's Hospital, and his subsequent death, will be interesting, since the case has been the subject of a good deal of publicity. The deceased was admitted to the hospital on Tuesday fortnight, suffering from a poisoned hand. He got worse, and on Wednesday was removed to the strong room, where he was strapped down, under the care of a probationary nurse. He showed symptoms of mental aberration from the time of his admission, the most marked being his determination not to partake of food, which had to be administered through the nostrils and by the rectum. Being quiet and apparently manageable, the house-surgeon, on Thursday morning, perhaps unwisely, released one of his hands, with which he soon undid the other fastenings as soon as the house-surgeon left the

room. It appears that it was during the interval in which the house-surgeon went to another ward to get a police-constable, who was watching a criminal case, to relieve the nurse, that the man made his escape. Help could have been instantly obtained from the ward above, had the nurse understood the working of the speaking tube; and after a struggle with the nurse, the patient escaped in a state of nudity into the street. Going to a police station, he appears to have told the police that he had escaped from a back room at the hospital, where some men had been trying to murder him. He was ultimately brought back to the hospital, where he died from cellulitis of the chest-walls and septicaemia. It came out in evidence that the man was not injured in any way by his escapade.

Reference

The British Medical Journal, 15 October 1887, 842.