

training. While fully concurring with their view, we would also stress the additional function of specialist units in that they play major roles in staff training; advising other agencies; development and improvement of treatment approaches; clearer definition of conditions and the forum for scientific research. Any service audit must consider each of these facets.

Comment

Henderson Hospital is not alone among specialist psychiatric units in facing an uncertain future. In the case of the Henderson Hospital, it is ironic that 1989, which brought the White Paper and the uncertainty about the future of such specialist units, also saw the 30th anniversary of its christening and the 50th anniversary of Professor D. K. Henderson's classic book *Psychopathic States*. However, it may be important while general psychiatrists are arguing the case for recognition of their services as 'core services' that the role of specialist psychiatric services is not overlooked. Many specialist resources whose treatment expertise, training input and advisory function, have taken years to develop and refine through research, risk being lost at a stroke of the bureaucratic pen.

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A full list of references is available on request to Dr Dolan.

Correction

An inner city home treatment service for acute psychiatric patients. C. Dean and E. Gadd, *Psychiatric Bulletin*, December 1989, **13**, 667–669

At the end of the first paragraph under *Findings* on page 668, it should read: There was no difference in the DSM-III-R diagnoses between admissions and

home treatment patients but there was a tendency for the home treatment group to have more patients with a psychotic diagnosis (Table I).