inhabitants). The hospital population has steadily declined since 1960, when the census indicated 5621 in-patients. Our survey was conducted on a random sample of 300 of the 831 in-patients aged 18–60 with a primary functional psychiatric diagnosis. A short questionnaire was sent to the consultants. We provided a choice of operationally-defined residential facilities, and asked the consultants to indicate the most appropriate setting for the patient. Response rate was near 99%.

The consultants estimated that 51% were not suitable for community placement, 19% would need nursing home facilities, and 29% could be discharged to community settings. Out of this latter 29%, 13% were for group homes supervised by trained staff, and 12% for hostels or group residences staffed by private owners or a warden; only 3% were envisaged in cluster flats, and less than 1% in independent accommodation.

Our consultants estimated a greater need for facilities staffed by professionals than was found in the Glasgow survey. The discrepancy may stem from at least two sources. Firstly, our consultants' perception may be more conservative in terms of the amount of supervision required by the discharged patients. However, the estimates of potential discharge rates were very similar. Secondly, the residential services practices may differ. For example, one of us (AL) trained in London and saw some "residence staffed by non-professional personnel" actually staffed by trained psychiatric nurses (paid as non-professional).

It will be interesting to compare our experience with the Scottish one in the years to come. Attention should be paid to carefully describing the type of accommodation and the level of staffing. In the end, only actual trial of discharge and follow-up to assess outcome will indicate how many sheltered housing places with professional staff are required and what resources need to be committed to this end.

ALAIN LESAGE
RAYMOND MORISSETTE

Hôpital Louis-H. Lafontaine
7401 rue Hochelaga
Montréal, Québec
Canada H1N 3M5

Affective 'switch mechanisms'

SIR: We fear Mobayed (*Journal*, June 1989, **154**, 884) has got hold of the wrong end of the stick. In our paper (*Journal*, January 1989, **154**, 48–51) we referred to our previous results which showed that SAM enters the CSF, is linked with CSF 5HIAA and folate metabolism, and influences prolactin. We not unreasonably thought that anything which influences prolactin and CSF HVA might have an effect on the dopamine system. Nowhere have we excluded an effect on serotonin also.

M. W. P. CARNEY
T. BOTTIGLIERI

Northwick Park Hospital and
Clinical Research Centre
Watford Road, Harrow
Middlesex HA1 3UJ

E. H. REYNOLDS

Kings College Hospital
London SE5

The opiate prescribing debate continued

SIR: Hill (*Journal*, June 1989, **154**, 888–889) may well consider prescribing a tot of best Scotch whisky to an alcoholic, if it would stop his patients robbing someone and paying a gangster for adulterated meths.

It is important to realise that any response, including continuing as before, is a policy which must be evaluated, otherwise clinging to it is purely emotive, especially if continuing as before sees a relentless increase in the drug problem. This is just what has happened in America since the 1920s and in western Europe since the 1960s.

Our own appraisal found that, paradoxically, making drugs available in a controlled fashion *reduced* the problem (Marks, 1987; *Lancet*, 1987). It therefore seems reasonable to conduct a further experiment on the lines of the Mersey Clinics' experiments in Widnes and Warrington to see if our findings can be repeated or refuted.

JOHN MARKS

Halton General Hospital
East Lane
Runcorn
Cheshire WA7 2DA

References

MARKS, J. A. (1987) Treatment of drug addicts. *British Journal of Addiction*, **82**, 813–814.
LANCET (1987) Management of drug addicts. *Lancet*, *i*, 1068–1069.

Case conference correction

SIR: I wish to dissociate myself from some of the remarks attributed to me in the case conference report by Howells & Beats (*Journal*, June 1989, **154**, 872–876). The second sentence of what I am alleged to have said is ungrammatical, inaccurate and offensive in tone. As the conference was not tape recorded I cannot quote my exact words, but I do recall commenting