program packages it is worth noting the problems that may arise in their interpretation.

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IWATA, N., OKUYAMA, Y., KAWAKAMI, Y. *et al* (1988) Factor structure of the General Health Questionnaire in a sample of Japanese workers. *Industrial Health*, **26**, 69–74.

SIR: We regret that we may indeed have inadvertently misled our readers over one relatively minor matter. The figures quoted in our paper as "percentage variance accounted" are for unrotated vectors, and were presented simply to give a measure of the progressive removal of the total variability by the five principle axes. The values for the *rotated* vectors are indeed as given by Dr Iwata.

The main thrust of our paper was of course the consistency of the factor structure over randomly selected samples, and the figures for the percentage variance accounted for by the rotated first factors were 17.3, 15.8, 16.9, 21.9, 18.6, 21.2, 22.2, 18.3, 17.9 and 19.6 for the 10 random samples. providing yet further evidence of this consistency.

We are very grateful to Dr Iwata for raising this matter, and presenting us with the opportunity of clarifying the point.

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Behaviour disorders in mentally handicapped adults

SIR: We were interested to read the paper by Lund (*Journal*, September 1989, **155**, 377–383). We would question the assumption that measuring the frequencies of types of behaviour and determining a significant cut-off point provides information about an underlying 'behaviour disorder'. What the index behaviours do seem to have in common is that they have come to the attention of the parents or carers, presumably because of their impact on the observers.

The author also states that there was an association between the 'behaviour disorder' and the setting in which the individual lived. It is important to elucidate the influence of such environmental factors on people with mental handicap, as they may have a powerful influence and might be more easily altered to produce an improvement.

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Violence in hospital

SIR: The report by Noble & Rodgers (*Journal*, September 1989, **155**, 384–390) concerning the Bethlem Royal and Maudsley Hospital violent incident register has important implications for management.

A gradual increase in violence by psychiatric inpatients, documented by this and other studies, is a worrying development (Tardiff & Sweillam, 1980; Mullen, 1988). Other authors have noted that violence registers tend to underestimate assaults on staff, particularly those of lesser severity (Haller & Deluty, 1988). The two- to threefold increase in violence found by Drs Noble & Rodgers is therefore even greater cause for concern.

The authors do not comment on the relevance of their findings for staff training or planning policy. Medical and nursing staff require training in early recognition and management of potentially violent patients and situations. One study showed nursing staff to be at greatest risk during physical restraint of the patient (Carmel & Hunter, 1989). Rapid and safe sedation of the patient would seem to be a priority, yet a survey of medical staff's familiarity with these techniques revealed gaps in knowledge and education (Ring *et al*, in preparation).

Research into the causes of violence on staff should continue, but every effort should be made to apply the findings to the clinical situation to minimise risk to staff and patient.

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