ventilators—and would be interested to hear the views of others.

We agree wholeheartedly with Mr Peters's final point that through-needle catheters are dangerous and should be regarded as obsolete.

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¹ Powell-Tuck J. *Br Med J* 1978;ii:625.

Familial hypercholesterolaemia and coronary disease in South Africa

SIR,—White South Africans may hold the world record for the prevalence of familial hypercholesterolaemia and also for coronary heart disease mortality but the former surely cannot in any way explain the latter (6 September, p 633). The prevalence of homozygotes is given as 1 in 30 000 and of heterozygotes in the population as possibly 1 in 100, whereas in a highly susceptible population coronary heart disease will kill one person in three, leaving 97% of cases unexplained. The authors report this genetic disorder as occurring characteristically in Afrikaners whereas a report from Johannesburg in the 1960s attributed the highest coronary mortality to the Jewish population.¹

If coronary disease were largely caused by familial hypercholesterolaemia it would be a rare disease. The situation is exactly analogous to that of malignant hypertension, a deadly, dramatic, and rare condition compared with commonplace, boring, and undramatic mild hypertension, which none the less kills a thousandfold more victims. Common diseases are caused by common risk factors. The white South Africans should look to their present way of life rather than their distant ancestors to explain their coronary epidemic.

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¹ Walker ARP. *Am Heart J* 1963;66:293-5.

Mental Health Review Tribunals

SIR,—I have not yet read the MIND publication, *Representing the Mentally Ill and Handicapped: a guide to Mental Health Review Tribunals*. I have, however, read with considerable dismay the review of the book (30 August, p 610), and I hope I may have the opportunity of correcting the grave misrepresentations it contains.

The Mental Health Act, 1959, is in intent the most humane charter yet devised to protect the rights of the mentally disordered in this or any other country. To compare those compulsorily admitted to psychiatric hospitals, as is done by your reviewer, with prisoners is an insult to the patients themselves, to their doctors, and to the spirit of the Act. Patients do not receive sentences: they are committed to hospital in the interests of their own health or safety or the safety of others. Again, those committed under Sections of either Part IV or Part V of the Act (with the exception of

Section 65, a restriction order, which accounts for about only 150 patients annually) are committed not for indeterminate periods as your reviewer states but for determinate periods; the maximum being for one year under Section 26, or Section 60, in the first instance. About 90% of compulsory admissions, however, are under "short" orders—for example, for periods of up to 72 hours (Section 29) or up to 28 days (Section 25).

Your reviewer further states that less than 10% of those compulsorily admitted, that is those under "long" orders, have a statutory right of appeal to a Mental Health Review Tribunal. This is so; but it is difficult to conceive of an administrative machine that would allow for patients on "short" orders to be brought before a tribunal. Furthermore, the determinate periods of all compulsory orders are maximal, and there is nothing that prevents the responsible medical officer from discharging a patient completely (with the exception of those admitted under Section 60/65) before his order expires, or from re-admitting him as an informal patient. A further method of discharge, not infrequently employed in these days of the ever-open-door-hospital, is for the patient to discharge himself by the simple expedient of walking out of the door.

Your reviewer also alleges that patients may be treated without their consent. This certainly does occur, but I believe only in situations of dire necessity when life itself may well be in danger. Comparable situations arise in all departments of medicine. What is puzzling to me is why psychiatrists are singled out for censure because they behave like other doctors.

These things having been said, I hasten to add that I am personally in favour of patients being represented at tribunals if only to preserve the time-honoured principle of justice being seen to be done. I venture to suggest, however, that it is doubtful if as a result of such representations the number of discharges will, in the event, rise substantially if at all. I base this view on my own experience as a medical member of Mental Health Review Tribunals since their inception in 1960. I can personally vouch for the care, time, and effort taken in the preparation of the tribunals, and for the long and serious deliberations that take place among members before a decision is arrived at.

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Prostatic biopsy

SIR,—I would like to offer a few comments concerning the article by Mr J R Rhind (13 September, p 722) on prostatic biopsy. The description of the technique, which is presumably designed for surgeons in training, would seem to require amplification of a few points.

The practice in this unit is to perform transperineal needle biopsy in preference to transrectal biopsy. Recent articles have stressed the significant risks of bacteraemia during the latter procedure and it should now be considered mandatory to cover transrectal biopsy with an aminoglycoside and metronidazole given with the premedication. It is our experience that the transrectal route is less accurate than the transperineal route in biopsying T1 and T2 lesions. Although

transperineal biopsy is more difficult to learn it has a very low instance of infection and significant haemorrhage is rarely a problem.

Perineal shaving is not required but the help of an assistant is necessary to press on the lower abdomen so that the bladder and prostate are held steady for the surgeon. Perineal tumour implantation is a rare complication and usually occurs when more than one attempt at biopsy has been performed. This risk can be lessened by immersing the trocar in the preservative fluid when the biopsy core is released from the trocar.

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Two jubilees in psychotherapy

SIR,—Dr D S Macphail, in a letter (6 September, p 681) refers to the omission of your leading article (26 July, p 681) to recognise the part played by Dr Crichton-Millar, the first medical director of the Tavistock, in the development of psychotherapy in this country.

Another omission is that of the name of Dr J R Rees, the medical director of the clinic in 1933-47, and the wartime director of Army psychiatry. I believe that many of us now coming to the end of our professional career will hold that Dr Rees gave as much to contemporary psychiatry as most men. An interest in psychiatry was born in a large cohort of young men struggling to understand and treat the emotional problems of soldiers separated perhaps by years and certainly by thousands of miles from their homes, and in some cases facing an enemy much feared because little understood and in quite appalling terrain. Rees arrived in India in 1944 and set us alight with his deep but common-sense and even jovial understanding of our problems and those of our patients and by his application of psychodynamic principles to them. He showed us that the contemporary medical image of the analyst was wrong: he was not a detached exponent of improbable theories but in his own person he was an example to educate and sustain us in a professional lifetime of contact with humanity in distress.

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Women in hospital medicine

SIR,—All involved in training in hospital medicine will welcome your leading article (13 September, p 693) on this subject and the analysis of the problems presented by Dr A J Swerdlow and others (13 September, p 754). We are also very grateful for the positive help which Dr Rue, one of the authors, has given for many years to women who wish to remain in hospital medicine.

During the last few years, possibly as a result of new investigative techniques, dermatology has been attracting many very able young doctors and inevitably, with the increasing proportion of women entering medicine, many are hoping to become dermatologists. It may also be that the particular conditions of professional work in dermatology have added attractions for women. In the report on training which I presented to the annual general meeting of the British