



Drug company gifts – beware!

Sir: Recently I completed a survey of potential weapons to be found in interview rooms at our hospital, which revealed many objects, e.g. scissors, which had been left in these rooms without any realisation of their potential as weapons. I was surprised therefore to see one of our local drug company representatives carrying a large handful of what at first glance appeared to be stiletto knives into the unit, which were subsequently distributed among the clinicians' offices. I later found out that they are intended to be used as letter openers. These items are 9 inches long and have a 6 inch thin pointed steel blade and a 3 inch white plastic handle with the drug company's product name on it. If used as a weapon this could easily produce a fatal injury as it is an ideal design for producing a deep stab wound. I suggest that these gifts should either be disposed of safely or confined to a locked drawer. With the recent tragic death of a mental health care worker in Torbay, units should ensure that potential weapons such as these are not allowed in mental health units.

ALAN LILYWHITE, *Barrow Hospital, Bristol BS19 3SG*

Need for off-licence owners to issue guidelines of good practice

Sir: We are a central London out-patient alcohol team. In February last year one of our clients was found dead after a relapse. We were told that the local off-licence delivered to his doorstep as he had restricted mobility due to peripheral neuropathy. A number of similar incidents have since been reported to us, not all fatal.

We know that the larger supermarket chains are promoting home deliveries free if over a certain quantity is ordered. Some of our clients have used this service while relapsing and report more difficulties in terminating their drinking.

There are two main issues to be considered: first, the quantity of alcohol delivered on a daily basis and second, how long this delivery should continue when it is clear that it is having such a detrimental effect on the health of the individual.

We believe off-licences have some responsibility for monitoring their home delivery service and raising awareness about problem drinking among employees. We wonder whether it is time for the ethical issues to be raised by the Royal Colleges and BMA to influence off-licence owners to issue guidelines of good practice to avoid fatalities.

ATHANASSIOS DOUZENIS, FRANCIS KEANEY, CLAUDIA SALAZAR, ANDREA MILBRANT, SUE FAWCETT, and KATRIN EDELMAN, *Riverside Alcohol Service, 5 Wolverton Gardens, London W6 7DY*

False teeth and Alzheimer's disease

Sir: We were hurt by Levinson's assertion (*Psychiatric Bulletin*, 1993, 17, 504) that our study of false teeth in AD should be construed as a hoax (defined in Chambers 20th Century Dictionary as a 'deceptive trick'). Our data were real and not fictitious. It was our interpretation of them and the style in which the paper was written which has led to comment. It was also serendipitous that the paper appeared in the April edition of the *Bulletin*.

The data came from a large survey which has been published extensively in a number of journals and also in summary form (Burns & Levy, 1992 – *Clinical Diversity in Late-Onset Alzheimer's Disease*, Maudsley Monograph, No. 34, Oxford University Press). One part of the salami which we decided to slice and present in light-hearted form were our observations of false teeth. This has led to wide publicity in the scientific and lay press and we were flattered by Dr Levinson's additional interest in our work. Mercury in dental amalgam is obviously an important source of this neurotoxin and it is intriguing that we may have come upon something, without a predetermined specific hypothesis, which is something not altogether unusual in our approach to research!

We are delighted that Dr Levinson has brought this to our attention. Our earlier conclusion that research into AD might be directed towards the mouth, may indeed be a prophetic statement. To turn out to be prophets would surely be a legacy any clinical researcher would be proud of.

ALISTAIR BURNS, ROBERT HOWARD, RAYMOND LEVY, and HANS FÖRSTL, *University of Manchester, School of Psychiatry and Behavioural Sciences, Withington Hospital, West Didsbury, Manchester M20 8LR*

Compulsory admission to hospital

Sir: Sammut & Sergeant present an interesting analysis of disagreements between psychiatrists and social workers over compulsory admission to hospital. (*Psychiatric Bulletin*, 17 1993, 462–465). However, I think they need to be cautious in