

SIR: Had we no further data, we would have agreed and withheld our paper. However, we also presented in Fig. 1 detailed longitudinal data from four patients in whom weight gain was apparently accompanied by no change in aMTs excretion. Furthermore, although our sample of ten patients in Table I was small, it was sufficient to detect statistically significant weight related changes in FSH, LH and oestrogen.

As far as we know, ours is the first such study of melatonin with gonadotrophin secretion in anorexia nervosa and we agree that further studies are needed.

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Elderly Offenders

SIR: I wish to comment on certain areas of the relationship between psychiatric morbidity and criminality in the elderly raised by Taylor & Parrot (*Journal*, March 1988, 152, 340–346). I dispute the assumption that criminality necessarily decreases with age. There are several reasons why the elderly may show lower figures in findings of guilt (Bergman & Amir, 1973), including a tendency to avoid prosecution by the police, the Courts simply dismissing cases, and families hiding deviance of elderly members.

Other explanations considered are due to age-related changes, but as can be seen there may be important social biases to consider before interpreting criminal statistics. Moberg (1953) cautioned against the interpretation of criminal statistics in the USA several decades ago, as these sources of bias existed and small changes in these small numbers produce large changes in apparent criminal trends. In studying the findings of guilt and cautioning figures for those over 60 in England and Wales between 1970 and 1985 (HMSO, 1970–85) there is a great increase in the use of cautioning in this age-group. This helps explain the apparent fall in findings of guilt in this age group. So, there is weak evidence that a change in attitude of the Criminal Justice system may be occurring – this is one example of how vulnerable such statistics are to such pressures (and different interpretations) (Lynch, 1988). To bring this home, by 1985 in England and Wales, cautioning was as common a disposal for all but the most serious crimes in the elderly (over 60) as Court conviction; and trends from the criminal statistics indicate that the proportion cautioned is increasing.

It is unknown how many elderly offenders never get as far as cautioning; such 'dark crime' is at least three or four times commoner than reported crime in the general population, and may well be higher in the elderly. Other factors are important, e.g. elderly offenders may drift into offences with a lower risk of detection, or authorities may unknowingly 'screen' those with highest psychiatric morbidity prior to reporting the crime in the first place, and dismiss cases.

I would like to make some comments on the representative 'elderly' offences in those over 60, based on retrospective data from Chester and Liverpool Magistrates' Courts between 1970 and 1985 (Lynch, 1988). As in the statistics of England and Wales for 1970–85 the five major offences were drunkenness, theft (90% of which was shoplifting, for both sexes), criminal damage (including arson), violence, and sexual offences (mostly minor).

Few elderly offenders receive psychiatric opinions (1–2%); this is an under-representation of recent estimates of psychiatric morbidity in Liverpool (Copeland *et al.*, 1987). Finally, perhaps it would be useful to study the outcome of the large numbers of 'missed' positive psychiatric cases in the elderly offenders not referred for a psychiatric report?

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References

- BERGMAN, S. & AMIR, M. (1973) Crime and delinquency among the aged in Israel. *Geriatrics*, **28**, 149–157.
 COPELAND, J. R. M. *et al.* (1987) Range of mental illness among the elderly in the community. Prevalence in Liverpool using the GMS-AGECAT package. *British Journal of Psychiatry*, **150**, 815–823.
 HMSO (1970–85) *Criminal Statistics in England and Wales 1970–85*. London: Her Majesty's Stationery Office.
 LYNCH, S. P. J. (1988) Criminality in the elderly and psychiatric disorder: a review of the literature. *Medicine, Science and the Law*, **28**, 65–74.
 MOBERG, D. (1953) Old age and crime. *Journal of Criminal Law*, **43**, 773.

Psychosis, Body Weight and Plasma Sodium

SIR: Delva & Crammer (*Journal*, February 1988, 152, 242–245) have made an important contribution to our understanding of water metabolism among chronically psychotic patients subject to water intoxication. In showing a strong correlation (r between -0.65 and -0.99) between changes in plasma sodium and body weight, they have confirmed earlier observations by our group (Vieweg *et al.*, 1987a)