

Currently, the future of special care units (SCUs) in nursing homes in the Lombardia region is widely debated. In this region a network of 60 SCUs has been active for the past 8 years to treat patients with dementia with severe behavioural disturbances. The units are funded by the regional health system with 15 euros/patient/day more than regular nursing homes. Since the regional government has decided to optimise expenditures for geriatric and psychogeriatric services, it has been asked whether clinical results obtained in the SCU are worth the extra money. Unfortunately, the international literature analyses markedly different models, and Italian SCU researchers apparently have not performed adequate studies to measure outcomes. The only meaningful piece of evidence is an observational controlled study of 18 SCUs and 25 traditional nursing homes funded by the European Commission, which demonstrates that patients admitted to SCUs had behavioural disturbances of severity similar to patients cared for in traditional nursing home wards, but with significantly less physical restraints (Frisoni *et al*, 1999). Consequently, as physicians, we are unprepared to dispute the decisions

of the government and cannot affect the future of SCUs.

This experience further supports the need to implement in our country a system of outcomes research. Although the promises are probably higher than the obtainable results, it is essential to start this process if we hope to improve the diffusion and the quality of psychogeriatric services in Italy.

Frisoni, G. B., Bianchetti, A., Pignatti, F., et al (1999) Haloperidol and Alzheimer's disease (letter). *American Journal of Psychiatry*, **156**, 2019–2020.

Holloway, F. (2002) Outcome measurement in mental health – welcome to the revolution. *British Journal of Psychiatry*, **181**, 1–2.

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Recruitment in old age psychiatry

I feel obliged to counter the assertion by O'Gara & Sauer (2002) that decrepit wards are a major contributor to poor recruitment into psychiatry. If true, it need not be so.

As an old age psychiatrist in two Black Country towns (Dudley and Wolverhampton – the latter having recently been dedicated a Black Country city) I have had several undergraduates attached to my teams. We are not a ward-based speciality, our work is done with older people in their own homes. Some of these homes may be decrepit but it is the people within that matter. They have grown old in their homes and all have interesting stories to tell. They are good people who have experienced adversity scarcely imaginable to today's cossetted youth and are the more fascinating for it.

Our students have told us (and I have no reason to doubt their sincerity) that they have felt enriched by the experience of helping these important people in their homes. The students have learned from us and we, particularly if they have been local people, have learned a lot from them. All this is done with little recourse to the great god 'resources'.

O'Gara, C. & Sauer, J. (2002) Recruitment and retention in psychiatry (letter). *British Journal of Psychiatry*, **181**, 163.

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One hundred years ago

The verdict of 'suicide while insane'

AT an inquest held recently upon the body of a medical man in London evidence was given that he had purchased prussic acid, that the bottle containing it had been found nearly empty by his bedside, and that he had died from prussic acid poisoning. There was also evidence that there was nothing in his circumstances or his life to cause him distress and there was no evidence of any motive that might be said to have induced him to take his life. The jury found a verdict of 'suicide' and a discussion took place between them and the coroner as to whether the usual addition should be made to the effect that the deceased at the time of committing the act was of unsound mind, the coroner suggesting that over-study might be considered as a possible cause of

mental derangement, while the fact of suicide might be treated as evidence that mental derangement existed. The jury, however, refused to accept these suggestions and the coroner in recording their verdict made the observation that it did not now involve the consequences that used to follow a finding of *felo de se*. The penalties attaching to self-murder constituted in bygone days the effort of the law to punish one whose act had withdrawn his person from its reach. In the words of Blackstone the suicide is guilty of a double offence; one spiritual in evading the prerogative of the Almighty, the other temporal against the King who has an interest in the preservation of all his subjects. The law in Blackstone's day, being unable to punish the dead man, used to act upon what he left behind, his reputation and fortune – on the

former by an ignominious burial in the highway with a stake driven through his body, on the latter by forfeiture of all his goods and chattels to the King, hoping that his care for either his own reputation or the welfare of his family would be some motive to restrain him from so desperate and wicked an act. More recently forfeiture for felony has been abolished (in 1870) and since 1882 burial with ignominy has been forbidden and the coroner has now to give directions for the interment of the remains in a churchyard or other burial ground without any right to the celebration of a burial service but not necessarily without the celebration of any such service. The returning of verdicts of "suicide while of unsound mind" without any evidence of such unsoundness is no doubt to a large extent a survival from the days of

post-mortem penalties, while to some extent it has its motive still in the desire to shield the dead against the charge of impiety alluded to above. Blackstone protests against the practice and against any such doctrine as that the act of suicide is itself evidence of insanity. In a very large number of cases the person who kills himself is not in a condition of mind to estimate or to control his action, but at present it often occurs that a jury finds a verdict that a person was of unsound mind when he committed a certain act upon no other ground than because he committed the act in question or upon evidence upon which no such verdict would be returned in any other case than

that of suicide. This perhaps salves the feelings of surviving relatives by formally acquitting the deceased upon the charge of self-murder, but at the same time to some extent it constitutes a record of insanity in a family founded upon altogether insufficient evidence. No reasonable person would regard such a verdict as conclusive, but whatever weight it carries for the one purpose it must carry for the other. It is easy, at all events, to understand that intelligent and conscientious men upon a jury who have sworn to find a verdict according to the evidence may object to doing so as to a matter of which there is no evidence at all. It may also be suggested

that a verdict to the effect that the deceased caused his own death but that the condition of his mind when he did it had not been proved to the jury's satisfaction would inflict no unnecessary pain upon survivors without asserting as a fact that for which there is no foundation.

REFERENCE

Lancet, 29 November 1902, p. 1479.

Researched by Henry Rollin, Emeritus Consultant Psychiatrist, Horton Hospital, Epsom, Surrey