

can be so devastating as to cause death. In lesser cases recent research has shown a significant increase in physical illness in the bereaved, especially cardiovascular disease.

Dr. Sunder Das suggests converting grief into suffering to mitigate its effect. Might this not also apply to converting unnecessary and unreal depression, anxiety, delusions, etc., into more adaptive reactions?

V. S. NEHAMA.

*Prestwich Hospital,  
Prestwich,  
Manchester, M25 7BL.*

#### REFERENCE

- PARKS, C. M., BENJAMIN, B., and FITZGERALD, R. G. (1969). 'Broken heart; a statistical study of increased mortality among widowers.' *Brit. med. J.*, *i*, 740-3.

#### THE N.A.M.H. 'GUIDELINES'

DEAR SIR,

In trying to justify his opinion that the N.A.M.H.'s 'Guidelines' will be of very little value, Dr. Alexander Walk says, amongst other things, that all textbooks on mental nursing have something to say about violence (this *Journal*, September, pp. 347-8). How satisfactory in this respect are the textbooks? Miss Altschul makes a few sensible points in her *Aids*. Brian Ackner's textbook skates quickly over the problem. Maddison, Day and Leabeater's describes a variety of procedures from sympathy to seclusion, and makes the suggestion: 'The very angry patient may be given rags and hessian to tear up or allowed to carry out violent hammering.' Boorer and Boorer's advises that 'the nurse should stay with the patient and encourage her to let off steam in an energetic way such as scrubbing floors or making a sponge cake'. Very little is said in any of the textbooks about the conditions in which violence occurs, with a notable exception. Noyes-Haydon and Van Sichel's contends that the aggressive patient may have 'heightened erotic drives and make vulgar and profane remarks'. It continues: 'If the patient uses obscene language, the nurse may suggest to him that there must be some reason why he needs to use such words.'

Perhaps these excerpts are unfair. Nurses will find in the textbooks some advice—not always good advice—on what to do, but will get little help in understanding why and when patients become violent. To be told that violence is a symptom of the illness is not helpful and may be seriously misleading. Even if they were fully satisfactory, textbooks, unhappily, are few and far between on the wards of psychiatric hospitals.

Few of the staff have had the opportunity of following any of the syllabuses Dr. Walk has helped to draw up. The demand for N.A.M.H.'s booklet has been heavy and continues. It seems to be getting into the hands of the staff on the wards, both untrained and trained, for whom it was written.

Dr. Walk underestimates the concern felt by the staff of psychiatric hospitals about the problems of violence. We do not doubt the need for something like the 'Guidelines'. We hope, as many do, that N.A.M.H.'s booklet will soon be superseded by something much better.

The 'Guidelines' were written for nurses by nurses. Doctors gave some modest help. Dr. Walk's reference to 'the fashionable medical abdicationism' suggests to us that he has misunderstood—or is perhaps out of sympathy with—the kind of partnership it was.

MICHAEL BURY.  
D. RUSSELL DAVIS.

*Department of Mental Health,  
University of Bristol,  
39 St. Michael's Hill,  
Bristol, BS2 8DZ.*

DEAR SIR,

Mr. Bury and Professor Russell Davis must have read my letter (*Journal*, September 1971, Vol. 119, p. 349), rather cursorily, for I did not contend that the 'Guidelines' were of little value in general, but that they would not be very helpful to nurses on the ward—referring, of course, to paragraphs 1 and 2; I added that the administrative sections contained much that was to be commended. The writers, taking an *illi quoque* line, disparage existing textbooks and make the very sound point that many of them do not explain why and when patients become violent. But this was precisely my criticism of the 'Guidelines', in which the nurse will find nothing but a few well-worn clichés about 'establishing a good relationship' and 'removing what the patient perceives as threatening', without even the sketchiest account of the widely ranging 'whys and whens' that may result in violence.

I am at a loss to understand what the writers can mean by the statement that 'few of the staff have had the opportunity of following any of the syllabuses' of the G.N.C. Something like 20,000 nurses have passed final examinations based on these syllabuses, and, as I have said, questions on the causes and prevention of violent incidents have been frequent and have been well answered.

I am glad that Mr. Bury and Prof. Davis agree that something much better is needed. I hope that the Joint Working Party will take the widest possible