28 days on the authority of only one doctor (not necessarily a consultant), without right of appeal and without the requirement of sheriff's approval. The detention might be clinically appropriate, but it seems to lay the doctor open to accusations of not acting within the spirit of the law.

Finally the authors' comment regarding Section 31, that they "have not found published evidence of dissatisfaction" is a spurious and ostrich-like defence. The very existence of serious mental disorder is likely to impair the motivation, ability and sophistication of an individual, so that he may find it difficult to voice his complaints in a manner which would lead to 'published evidence'. Indeed it is precisely for this reason that the Mental Welfare Commission exists in Scotland. This body has a legal duty to monitor the implementation of Section 24. However it is my understanding (and I would welcome correction) that data are not automatically sent to the Mental Welfare Commission on the use of consecutive Section 31s which do not lead to a Section 24, nor on the use of Section 31s for informally admitted residents. If this is the case there would seem to be a strong argument for its correction.

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DEAR SIR,

The strike of Local Authority Social Workers which took place at the end of 1978 and the beginning of 1979, whatever the problems it caused afforded an opportunity to examine some aspects of the workings of the Mental Health Act 1959 (Review of the Mental Health Act, 1959. Command 7320, 1978. HMSO). It would be anticipated, and observation would suggest, that the number of compulsory admissions to hospital would fall.

Statistics were obtained for compulsory and informal admissions to Middlewood Hospital from the Sheffield area for the months of October to January inclusive for the years 1976–7, 1977–8 and 1978–9. Figures were also obtained for the number of patients admitted informally who were made the subject of a detention order *during their period of admission* over the same three periods. The data was examined using the Chi squared test, partitioning the overall Chi squared according to a method described by Maxwell, 1961 (*Analysing Qualitative Data*. London: Methuen) to check that observed differences related to the relevant changes in circumstances. There was a significant drop in compulsory admissions. (a. and b. Chi squared overall 11.771 df 2 P <0.01: 1976 and 1977 vs 1978 9.255 df 1 P <0.01) and a rise in compulsory detention of informal patients in the relevant period (c. Chi squared overall 21.408 df 2 P <0.001: 1976 and 1977 vs 1978 20.769 df 1 P <0.001) but the total number of patients who were detained compulsorily at some time during their stay in hospital did not change significantly. (Chi squared does not attain 0.05 level).

	1976	1977	1978	Total
a. Section	113	91	54	258
b. Informal	484	493	424	1401
c. Regraded	44	37	70	151
d. Not regarded	440	456	354	1250

	1976	1977	1978	Total
Detainees	157	12	124	409
Not detained	440	456	354	1250
TOTAL = a+b	597	584	478	1659

Thus it appears that at least in the Sheffield area it has been possible to admit significantly fewer patients compulsorily than was the practice in the past, as has been suggested by those apprehensive about the workings of the Mental Health Act 1959. However the figures relating to the subsequent imposition of compulsory detention on informal patients suggest that, at least numerically, the increase in this practice balances almost exactly the fall in initial compulsion. Of course it is not necessarily the same individuals who will be affected.

If it is accepted that the overall infliction of compulsory detention is constant and if the general principle that such detention is necessary at times is also accepted, there remains the problem of when compulsion should be applied. We suggest that the present findings imply that undue initial reluctance to use compulsion may result in its subsequent imposition in circumstances which may lead patients to feel that they have been misled. It is perhaps a matter for the individual psychiatrist to decide which approach is the more acceptable but it means that this is a dilemma which is unlikely to be resolved by regulation.

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