The Membership Examination

A discussion on the examination was then held at the request of an Affiliate of the College in accordance with the College Regulation XXIV(2).

Introducing the discussion, the President outlined certain changes which had been introduced: Part I, now the Preliminary Test, could be taken after one year of approved training, the appeal machinery relating to exemptions was under review, and a multiple choice paper was to form part of the Preliminary Test.

Dr. A. Clare then explained the reason why he and his colleagues, who had formed the Association of Psychiatrists in Training, felt that the examination should be postponed for a period of six months; this would allow training programmes to be introduced and trainees and trainers to become fully acquainted with the requirements of the examination.

In the discussion which followed reference was made to the accreditation of hospitals, towards which a great deal of spadework had already been done and to the fact that over 300 candidates had already been entered for the examination and would be penalized if it was delayed. A six-month delay would effect no dramatic change in the training position, and would shorten the period when advantage could be taken of the two-year transition period during which exemptions could be granted. Those who were in favour of postponement could take the second examination six months later. The President undertook to convey to the Council and the Court of Electors the feelings expressed by the meeting; the review machinery for exemptions would be given his personal attention and the Court of Electors would be asked to consider ways in which the examination could be kept under constant review and ways in which the views of all, trainees, tutors and examiners, could be ascertained.

PARLIAMENTARY NEWS

January to April 1973

Treatment of the Mentally Ill

In reply to a question on 3 April, Sir Keith Joseph stated that he proposed to issue a *White Paper* by the end of the next year setting out 'an overall strategy for health and social services for the mentally ill, correlating and adding to guidance previously issued separately on different aspects.'

Asked on 23 January whether patients 'committed' under the Mental Health Act had a *right to refuse a specific form of treatment*, Sir Keith replied that he was advised that in the case of a patient detained for treatment any necessary recognized form of treatment could lawfully be given without the patient's consent; but it was the normal practice to explain the treatment if the patient could understand what was proposed, and get his agreement if possible. (Nothing was said about obtaining consent from relatives.)

Sir R. Russell on two occasions asked questions about the *sale of patients' houses* by order of the Court of Protection. He was told that such orders had been made in 800 to 900 cases in 1972; the Court had to be satisfied that the patient was unlikely to be able to reoccupy the house, and always had regard, as far as possible, for the patient's feelings.

On 1 March Mr. J. Johnson initiated an Adjournment Debate on the *investment policies of the Court of Protection*. He accused the Court of mismanagement in that, in examples he gave, money had remained invested in War Loan, the value of which had fallen drastically. The Attorney-General's reply was that in such cases it was often the need for the best possible income rather than capital appreciation that was important. In addition, the Court was understaffed and had not the resources to make advantageous changes in investments as often as could be wished.

The Mentally Handicapped

On 23 January Mr. Concannon asked a question about alleged 'manhandling' of patients by others of higher grade and was told that this was being inquired into.

On 2 April Mr. Woodhouse asked for a system of guardianship to be instituted and was told that this already existed.

Geriatric Patients

In the course of an Adjournment Debate on the care of the elderly on 26 March, Mr. M. Alison of the DHSS pointed out that hospital authorities had been asked to provide between 2.5 and 3 beds per 1,000 elderly persons for the care of those suffering from severe dementia; he gave an outline of other available and planned services.

Drug Addiction

On 31 January Mr. N. Fowler initiated an Adjournment Debate, mainly on the work of the newly-established Central Drugs Intelligence Unit of the police. In his reply Mr. M. Carlisle of the Home Office admitted that the numbers of addicts to 'hard' drugs

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coming to the notice of the Department had risen from 487 in 1960 to 2,881 in 1969; however the figures had remained stationary since. He explained the advantages of a national drug unit of this kind.

On 4 April the House approved an Order under the Misuse of Drugs Act, 1971 (which is not yet fully in force), adding the names of several recently-introduced drugs and deleting others (e.g. fencamfamine and pemoline) from the relevant schedules.

Alcoholism

In reply to questions by Mr. A. W. Lyon, it was stated that there are probably between 200,000 and 400,000 alcoholics in England and Wales. About 1,600 beds in special units etc. are occupied by alcoholic patients and about 100,000 days of incapacity have been certified in one year as due to alcoholism. It was also stated that the Government had since 1970 allocated £2 million towards treatment and research, and that the results of a comparative study of treatment methods by the Institute of Psychiatry would be published.

Delinquency

On 19 March Mr. Cordle asked about the after-care of mentally ill offenders discharged from hospital, and was told that, apart from the usual arrangements, after-care was one of the matters being considered by Lord Butler's Committee.

Since the coming into force of the Mental Health Act the Home Secretary has refused 57 recommendations for discharge made by review tribunals (these are all presumably in respect of delinquent patients).

It was stated that known shoplifting offences had increased from 56,000 in 1963 to over 119,000 in 1971.

Personnel of Government Committees

Prof. K. Rawnsley is a member of the Committee of Inquiry into the Regulation of the Medical Profession.

There is no psychiatrist on the Health Education Council, but one psychiatric social worker, Miss M. Bailey, is a member.

Miscellaneous

In an Adjournment Debate on *Homeless Single Persons* on 2 March, Mr. M. Meacher pointed out that the increase in the number of persons 'sleeping rough' was in part due to the earlier discharge of mental patients from hospitals. In his reply, Mr. Paul Dean of the DHSS made no mention of this factor, but referred to the circular of September 1972, asking local authorities 'to consider what need existed among adults with personality disorders' and what action should be taken.

In a written answer on 13 February, Sir Keith Joseph gave the *suicide rates* over the last five years for the 20 largest towns in England and Wales. In 1967, 10 of them had rates of over 10 per 100,000; in 1971 only 3 reached this figure. At a first glance the rate appears to be high in Nottingham, Cardiff, Newcastle and Southampton, and low in Birmingham, Liverpool, Bradford and Stoke-on-Trent.

ALEXANDER WALK.

'MY DR. SLATER'

By FLORA PEETT *Journal (now Editorial) Secretary*

'Your Dr. Slater', said the hall porter at Chandos House, 'is a nice old gentleman.' I was a bit surprised at the 'old', for the hall porter is at least 65 and Dr. Slater seems to me to have an ageless quality, but I heartily agreed with the rest of the remark.

I first met Dr. Slater in 1966 when he interviewed me for the post of Journal Secretary, and I was immediately conscious of that curious rapport with an erstwhile stranger which one occasionally discovers. I was delighted to be offered the post a few days later.

Much of Dr. Slater's work as Editor-in-Chief had to be done at home, but every Wednesday he came to Chandos House to deal with business there, filling the tiny *Journal* office with his presence and personality. He was always dignified, kindly and courteous, and immaculately groomed. Together we got through an enormous amount of work, but in an easy, relaxed atmosphere. He never seemed to hurry, yet, as Sir Martin Roth has written in the *Journal*, every letter he wrote to an author was given painstaking care and attention to detail.

Dr. Slater described our association as a partnership, and I always felt this to be true. For a man of his intellect, knowledge and professional standing, he was extraordinarily modest. He never saw himself as an infallible superior being, knowing everything about everything. After my previous experience in an organization with a rigidly hierarchical structure, I found it a bit disconcerting at first when he asked me for my opinion, expected me to have one and, not infrequently, acted upon it. Working with him was never dull, but a continual challenge to one's wits, a development of one's talents, and a consequent growth of one's self-confidence.

In spite of the relaxed atmosphere, mistakes did

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