working in hospitals were safeguarded. He also spoke about medical manpower in child psychiatry; the Table illustrates progress made in the past five years:

Child and Adolescent Psychiatry
Medical Staff Employed by Regional Hospital Boards

Grade	1966	1970
Consultant	143	177
SHMO	6	nil
Senior Registrar ..	26	37
Registrar	21	13

Dr. Pamela Mason, of the Department of Health and Social Security pointed out that a comprehensive psychiatric service for children and young persons had not yet emerged.

Changes in the administrative structure of the health and social services brought the need to re-examine current practice in child psychiatry in order to redefine its role within the community so as to ensure the most effective use of resources available.

The clinical practice of child psychiatry was essentially multidisciplinary in its team work approach. It could offer assessment and treatment of children and their families, consultation, support and guidance to personnel in related fields, and training of professional workers. It was important also that child psychiatrists participate in developments in non-medical institutions and services, and in mental health programmes.

She referred also to the recent Children and Young Persons Act, and to the need for psychiatric participation in assessment and treatment of children in care. Child psychiatry needed to be part of a comprehensive mental health service for children and to be hospital based, although must of the work will take place in the community.

Dr. Esther Simpson, of the Department of Education and Science referred to the fairly rapid expansion of centres in hospitals for the medical assessment of children with handicap, where the help of the child psychiatrist would often be needed. The paediatrician, family doctor and school doctor, as well as teachers would benefit greatly from the child psychiatrist's support and advice, and the child psychiatrist might well feel the need for the advice of the consultant paediatrician about children referred for psychiatric assessment.

There were now over 14,000 children assessed as maladjusted and requiring special education, and 69,000 were seen in child guidance clinics during 1970. But the Isle of Wight survey showed that 5·4 per cent of children surveyed had a psychiatric disorder, equivalent to 400,000 children of school age in the whole country. It is obvious that we are only dealing with the tip of a very large iceberg.

Only one in ten of the children assessed as having a psychiatric disorder in the Isle of Wight survey had attended a child psychiatric clinic; the rest had not been expertly diagnosed or assessed.

The speaker asked whether efficient screening procedures could be developed, how best use could be made of health visitors and social workers in identifying the psychiatrically vulnerable child and what should teachers and school doctors be looking for?

At present the classification of 'maladjustment' was far too broad and children so classified were placed in special schools without sufficient thought being given to what those schools could offer. Child psychiatrists could help a great deal in spelling out in some detail what they think likely to be the most helpful sort of educational environment for an individual child, and in advising us about desirable characteristics and training of teachers of maladjusted children.

Chandos House

Chandos House, where the Royal College of Psychiatrists has its headquarters, is one of the few Adam houses still remaining in London. It was built by the brothers Robert and James Adam in the years 1769 and 1770 for the third Duke of Chandos, whose portrait as a young man still hangs in the entrance hall, and for 45 years it was the London home of his family.

From 1815 to 1871 it was the Austro-Hungarian Embassy. For the first 25 years of this period the resident Ambassador was Prince Esterhazy, who was notorious for the lavishness of his entertaining. Contemporary newspapers contained many articles about his wasteful splendour and oriental pomp, and he was eventually ruined by his fantastic extravagance.

In 1871 the house reverted to the ownership of the Chandos family when the Duke of Buckingham and Chandos, a descendant through marriage of the third Duke, acquired a 99-year lease on the property, and it then remained in the possession of the family for the remainder of the nineteenth century. Coral, Countess of Stafford, lived there from 1905 to 1924, and the ninth Earl of Shaftesbury, grandson of the great philanthropist, from 1924 to 1927. From 1927 until 1963 it was the town residence of Viscount Kemsley, the newspaper proprietor.

The Royal Society of Medicine acquired the house in 1964, at which time it was in a sad state of disrepair. Since then renovations, repairs and redecorations have been carried out by expert craftsmen, and today the house looks much as it must have done in its heyday. The beautiful painted ceilings have been

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Chandos House

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restored to their original colours; real gold leaf has been used to repair the decorations on the outside railings, to pick out the mouldings and carvings in the hall and principal rooms, and to highlight the balustrade of the sweeping main staircase. The entrance hall and the reception rooms on the ground and first floors have been furnished in the style of the late eighteenth century.

The Society now uses the house as its entertainment centre, and rooms may also be hired by R.S.M. members and by other medical organizations for private functions. The stables and coach-house have been converted into a 'Domus Medica' where there are comfortable bedrooms for out-of-town doctors staying overnight in London. In one of the ground floor rooms a buffet lunch is served every day for R.S.M. members and their guests. French doors along one side of this room lead to a charming little garden with white stone statues set in orange-painted alcoves round the old brick walls. There are plants growing in three ornamental lead water-tanks which have the date 1774 engraved on them; two of these tanks are genuine, the third is a modern copy. The garden is a pleasant place for lunch outdoors on fine summer days.

The second and third floors of the house are used as offices, and the Royal Medico-Psychological Association, now the Royal College of Psychiatrists, has occupied the five large rooms on the second floor since 1965. The College's Library, used also for Council and Committee meetings, with its white and gold wallpaper and semi-circular window with long blue velvet curtains, has retained some of the elegance of the rest of the house, but the other rooms, though they have beautifully moulded plaster ceilings and fireplaces and panelled walls, have lost much of their graciousness through being put to modern uses. Recently, too, they have become very overcrowded with people, office furniture and equipment, and stationery stocks; the College has far outgrown its accommodation. Fortunately, just when the establishment of the College was making expansion an urgent matter it was able to add three small rooms on the third floor to its premises. These rooms are now occupied by the editorial office of the *British Journal of Psychiatry* and the newly-formed Examinations Department.

Other bodies which have offices in the building are the Excerpta Medica Foundation, the International Relations Office of the Royal Society of Medicine, the Institute for the Study of Drug Dependence, and the Nutrition Society.

Like so many old houses, Chandos House is now almost surrounded by modern buildings. Nevertheless, it retains that unchanging eighteenth-century graciousness and dignity which the Adam brothers impressed on everything they built.

FLORA PEETT.

Report of Proceedings in Parliament January–April 1972

Whittingham Hospital Report

On 15 February, Sir Keith Joseph made a statement on the Report, published that day, of the committee of enquiry which had been set up following a special audit investigation and the conviction of a nurse for manslaughter of a patient. The committee had made severe criticisms of the hospital's inadequacies, which existed side by side with some good modern services. They found that the Regional Board, while pioneering psychiatric units in general hospitals, did not fully recognize the needs of long-stay patients; and Sir Keith accepted that his own Department might not have been sufficiently alive to this.

In the short debate that followed the statement Mr. Mayhew called loudly for the emptying and razing to the ground of all mental hospitals in the shortest possible time. Sir Keith, on the other hand, emphasized the need to raise standards and improve staff morale in these hospitals for as long as they remained in being.

In reply to Sir B. Rhys Williams who was urging that it was 'more humane to concentrate on rehabilitation than to fall back on readmissions', Sir Keith said 'these are unobjectionable sentiments, but we are not as aware as we should like to be of how to achieve these objectives in rehabilitation'.

When the statement was read in the House of Lords, Lady Serota brought up the question of pocket money, which she considered should be paid direct through the Supplementary Benefits Committee; she was told that the matter was still under review. Lords Amulree and Grenfell said some kind words about psychiatric ward staff in general.

Mental Health Policy

A number of questions were asked with a view to urging a more rapid development of the Government's mental health policy. Sir Keith Joseph made it clear that even the first stage, that of establishing adequate new hospital and community facilities, would extend into the 1980s or beyond.

In reply to a question by Lord Avebury (formerly Mr. E. Lubbock) in the House of Lords, it was stated that the number of patients in mental illness hospitals and units who had been there for three years or more had fallen from 83,000 in 1963 to 66,000 in 1970.

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