What are the most ineradicable memories of this great workers'-playtime adventure? Overtopping all else on the negative side is the sense of disquiet engendered by reports from the Soviet Union. On the positive side I would place in some sort of rank order: the good companionship of colleagues; the disclosure of unsuspected talents and preoccupations; the devotion beyond the call of duty to our physical well-being by Eric Shepherd; the oratory of our guide and mentor in Mexico City, The Prince of Paradoxes, Sr. 'X'. And, finally, the sight of three silent Mexicans, heads bowed, in line astern sharing the shade of one telegraph pole.

HENRY R. ROLLIN.

THE PROBLEM OF DANGEROUS DRIVERS*

Council of Europe Resolution on the Deprivation of the Right to Drive a Motor Vehicle
B (71) 102 Annex I

As a move towards the reduction of traffic accidents in the 17 member countries of the Council of Europe, the Committee of Ministers of the Council has agreed to a Resolution on the deprivation of the right to drive a motor vehicle by individuals convicted of serious offences against road traffic regulations. Among such offences are included causing death or injury to another person as a result of reckless or dangerous driving, hit-and-run driving, and driving under the influence of alcohol or drugs. Implicit in the Resolution is the need to diagnose the dangerous driver and keep him off the road, but it is evident that this desirable objective can be achieved only after an offence has been committed. It is proposed that during the period of deprivation the offender should be exposed to 'treatment of an educational or psychological kind'; and that a medical examination may be required before his licence is restored. An additional proposal deals with the introduction of a 'points system'—already in operation in a number of countries and some Australian states—whereby accumulation of 10 points for repeated infringements of traffic regulations leads to loss of licence. Effective enforcement of the proposal implies the need for all member countries to make available to a central Register details of individuals who have lost points as a result of traffic offences.

Although the general intention of the Resolution is admirable—to keep dangerous drivers off the road—its application raises a number of problems. The number of potential offenders is very large, and one might well wonder who is to administer the 'psychological treatment' and on what basis medical advisers will conclude whether an individual is fit or unfit to drive. The alcoholic and the drug-dependent drivers may be more easily recognizable than the equally dangerous sociopath. Even so, debate continues as to whether the heavily intoxicated driver is an alcoholic, an unusually heavy drinker, or merely somebody who has drunk unwisely, driven recklessly and so come to the notice of the authorities. Rigorous application of the Ministers' Resolution would certainly require adequate administrative machinery which would include properly trained medical personnel to assist courts and tribunals concerned with traffic offences. At present one might doubt whether sufficient medical expertise is available for this type of work, bearing in mind the need for competent psychiatric assessment of a fair number of these offenders. Hence it might be preferable to see a uniform development of a points system administered by non-medical personnel in Road Traffic Departments. No doubt certain offenders—the alcoholics, those repeatedly convicted of drunken or dangerous driving and some sociopaths—could be referred for medical opinion or alternatively, advised to seek medical treatment if they wished to have their licences restored. Such a procedure is proposed for some drivers who have accumulated a total of 8 points, a figure that implies a need for the drivers' competence to be closely investigated.

Britain's closer links with Europe through joining the Common Market presumably enjoin on us the need to examine the implications of the Council of Europe Resolution as it affects our own management of traffic offenders. If medical personnel are to be used to assist in the control of dangerous drivers it is none too soon to start considering the numbers of offenders who might be referred for examination and 'treatment'; and by whom and how this is to be accomplished.

F. A. WHITLOCK.

* See also in the Report of Proceedings in Parliament, *ante*.

VOLUNTARY ORGANIZATIONS

[The following article gives a brief account of the background and current activities of the National Council on Alcoholism. Similar articles describing the work of other voluntary organizations will appear in future issues. An account of the activities of the National Association for Mental Health by Mary Applebey was published in the December 1971 Supplement.]

The National Council on Alcoholism

The National Council on Alcoholism was founded in 1963 and the primary objects in its programme for fighting the disease is to educate the public towards

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a better understanding of the problems of alcoholism and of alcoholics. This task is being tackled from various angles. In addition to the conventional channels, e.g. publications, talks to widely varying audiences from school children and students to top industrial directors, conferences, the press, TV and radio, the Council has been instrumental in setting up ten Regional Councils with Information Centres. These Centres at Bristol, Coventry, Dundee, Edinburgh, Exeter, Hereford (part-time), Glasgow, Jersey, Liverpool and Southampton have helped over 7,000 alcoholics to gain sobriety, and their presence has also had the effect of co-ordinating the work of local agencies providing rehabilitation and after-care.

The success of a Regional Council is largely dependent on the enthusiasm and efficiency of its medical committee, whose task is to influence local medical opinion and help create adequate in-patient and out-patient facilities for those in need of medical attention. A good relationship with the fellowship of Alcoholics Anonymous is another vital factor.

In his report on 'Clients of Alcoholism Information Centres', Dr. Griffith Edwards of the Addiction Research Unit, Institute of Psychiatry, had this to say:

'Besides their specific value in giving help to alcoholics, these Information Centres probably have a wider importance. They provide an interesting example of what must surely be the new trend in mental health, of the effort to reach out into the community rather than to sit back in the hospitals . . . There can be no doubt that Information Centres are reaching the alcoholic' (1).

Recognizing the importance of tackling the problems of alcoholism in industry, the Government has recently given a grant to enable the Council to employ an Industrial Consultant who is available to advise all sections of industry and commerce.

The Council is a voluntary organization, registered under the Charities Act of 1960, which exists 'to promote the prevention and diagnosis of alcoholism and treatment of those suffering therefrom', without making any judgement upon the consumption of alcohol per se and without advocating total abstinence as a general principle.

ELIZABETH M. KEYS,
Secretary.

REFERENCE

1. EDWARDS, G. (1967). 'Clients of Alcoholism Information Centres'. *British Medical Journal, iv,* 346–9.

ADVICE FOR CHILD PSYCHIATRISTS

The following advice has been received from the medical protection societies regarding child psychiatrists having cases referred to them from sources other than the family doctor:

'A child psychiatrist who sees a patient referred to a Child Guidance Clinic by parents, schools, etc., and who, whenever possible, notifies the child's general practitioner of the appointment, would not be considered to have infringed the ethical rule published by the B.M.A. in September 1970. The general practitioner should be notified of such referrals on every occasion in order that, in the interests of the patient, he may provide the psychiatrist with such material as may be relevant and necessary to the consultation. Any psychiatrist who in good faith accepts a patient referred to a Child Guidance Clinic from a source other than a general practitioner would not thereby be denied full protection and indemnity.'

FORTHCOMING EVENTS

World Psychiatric Association and Royal College of Psychiatrists

An International Symposium on Schizophrenia, organized jointly by the Association and the College, will be held in London from 13 to 15 November 1972.

Further information from Dr. M. H. Lader, Symposium Adviser to the W.P.A., Maudsley Hospital, Denmark Hill, London SE5 8AZ.

The Queen's University of Belfast

The organization of the Second European Conference on Behaviour Modification is being undertaken by the Department of Mental Health on behalf of the European Association of Behaviour Therapy. The Conference will be held from 25–29 September 1972, at Wexford, Irish Republic.

Further details and application forms: Behavioural Engineering Association, c/o Department of Mental Health, Windsor House, Belfast City Hospital, Belfast BT9 7AB, Northern Ireland.

University of Bristol

The 7th Conference of the Association for the Psychiatric Study of Adolescents will take place at the University from 14–16 July 1972. The programme of the Conference will include several papers and a panel discussion covering aspects of adolescence, community treatment, hostels, community social work with adolescents and therapy in maximum security units.

Further details and application forms from Dr. M. Gay, 7 Brunswick Square, Bristol BS2 8PS.

Centre for Postgraduate Psychiatry, Birmingham

The following open postgraduate meetings will be held at the Charles Burns Clinic, Queensbridge Road, Moseley, Birmingham 13, at 4 p.m.:

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