(4) As the fundamental problem is one of mental disorder in doctors, which may or may not lead to unfitness to practise and so to suspension of registration, it follows:

(i) that the power to initiate the proposed machinery should be shared jointly by the President of the General Medical Council and the President of the Royal College of Psychiatrists (compare Section 137 of the Mental Health Act referring to the case of mental illness in Members of Parliament.

(ii) that the Royal College of Psychiatrists should be the main professional organization to nominate the psychiatrist members of the (suggested) independent panel;

(iii) that psychiatrists should form the majority of the members of this panel; and

(iv) that any information furnished in writing and made available to the examining panel should in equity (and in current development of civil procedure) be available to the advisers of the doctor concerned.

(5) The College wishes to stress that only following due consideration of allegations of mental disorder should the doctor concerned be *invited* to submit to medical examination by an approved panel, and that he/she should in no circumstances be compelled to accept this procedure.

2. The College concurs with the view (para. 21) that any new procedure should not only be separate from the disciplinary procedure of the General Medical Council but also be seen to be distinct from it, and would wish that the determination of each case should involve the Royal College of Psychiatrists to a significant extent.

Scottish Division

The Scottish Division has set up a Working Party 'To consider and make recommendations on the future provision of psychiatric services in Scotland'. The Chairman of the Working Party is Dr. A. C. Tait, Physician Superintendent, Crichton Royal, Dumfries; and the Secretary, with whom any interested person or organization may communicate, is Dr. H. C. Fowlie, Group Physician Superintendent, Royal Dundee Liff Hospital, Dundee.

REVIEWS

Alcohol and Drug Dependence: Treatment and Rehabilitation. By W. Paul James, Dip. Arch. F.R.I.B.A., Clifford E. Salter, M.A., M.B., B.Chir., M.R.C.Psych. and H. George Thomas, *M.B.E.*, R.M.N. Published by King Edward's Hospital Fund for London, 1972. Price £1.50.

A short publication on such a vast topic as the title suggests, is almost self-evident contradiction. Yet there is a real problem about the inter-relation of the drug and alcohol worlds which has not as yet been satisfactorily resolved in this country, or indeed anywhere.

The problem is whether to combine resources and to treat the two problems as one, or to remain, as hitherto, content to deal with each separately.

The arguments for combining are the more readily appreciated. Alcohol is a drug, the phenomena of dependency are common, for better or worse psychiatrists are the doctors mainly involved, and other social services (which are themselves uniting under Seebohm) are involved with both. Resources are limited. What could be the objections?

Yet objections there are. Alcoholism is a relatively large, longstanding problem, fairly predictable in its manifestations, common to most elements in the population, and coming to notice around the age of forty years. It is abuse of a licit drug.

Drug addiction is relatively small in extent (if one thinks of the hard drugs), much more recent, attacking more narrowly defined groups, in the late teens or early twenties. It concerns illicit drugs, and so carries the overtones of social non-conformance in a way that alcohol usage does not.

Curiously enough, few of the psychiatrists who are expert in treating the one are equally comfortable with the other. One of the reasons may be that an interest in alcoholism usually arises out of general adult psychiatry, whilst an interest in drug addiction arises often from child and adolescent psychiatry.

Finally, the financial support for work with alco-

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