within and without hospital, and their membership is then very like that of the proposed HCPTs. When HCPTs are subsequently formed, it would be desirable to review the function and membership of these psychiatric Cogwheel divisions to avoid unnecessary duplication. But this does not suggest that psychiatric Cogwheel divisions are no longer needed or that they no longer require participation by non-medical colleagues.

9. The mental illness hospital is likely to be an administrative sector of District 'A', and day-to-day management will be multi-professional. The medical member of this multi-professional day-to-day management team might logically be the Chairman of the Medical Staff Committee of the hospital. This could include all consultants and representatives of other medical staff working at the hospital.

10. The Chairman of the Medical Staff Committee could thus act as co-ordinator in:

(i) obtaining agreement between the four Cogwheel divisions on common medical services (option (c) in para. 4);

(ii) transmitting decisions and requests from the multi-professional day-to-day management team to the Medical Staff Committee and reporting back;

(iii) acting as spokesman for clinical matters affecting the hospital as a whole (as distinct from the clinical policies of the four contributing districts) to the DMC and DMT of District A. It is worth emphasizing that he will not be the spokesman for the clinical policies of the individual Districts unless option (a) or (b) in paragraph 4 has been adopted.

11. The Chairman of the Medical Staff Committee would need adequate secretarial support; flexible provision to provide time for administrative duties will need to be included in his contract.

PARLIAMENTARY NEWS

October to December 1975

(as reported to the Public Policy Committee)

White Paper

Mrs Castle announced the publication of *Better Services for the Mentally Ill* on 16 October. The document, she said, laid down no new policies, but was a restatement intended to remove misconceptions and deal with expectations that could not be fulfilled except in the long run. The objective was still to replace mental hospitals by local services, including units at general hospitals, facilities for severely mentally infirm old people, residential and day care services. But very little material progress could be expected in the next few years, and 'in some cases' mental hospitals would have a continuing role for 20 years or more.

Mrs Castle's statement can be recommended as a particularly choice specimen of Civil Service jargon.

Details of hostel and similar accommodation provided by local authorities were given on 26 November. The numbers of places vary from zero upwards; in only a very few instances do they reach three figures (Kent 257; Surrey 121; Croydon 119).

Patients' allowances

At long last it has been decided that patients admitted to psychiatric hospitals after 17 November 1975, if not qualified for invalidity pension etc, can claim Supplementary Benefit in the same way as patients in other hospitals.

Mentally abnormal offenders

In reply to questions, Mr Jenkins explained the circumstances relating to instances of homicide committed by patients discharged from Broadmoor. He intended to implement the recommendations of the Butler Committee regarding the release of patients under Hospital Order with restriction.

On another occasion Dr Owen referred to two Consultative Documents now being prepared: one on resources and priorites in relation to mentally abnormal offenders, the other on the working of the Mental Health Act; he pointed out the bearing of this on the Butler Report, especially as regards the definition of psychopathy.

Miscellaneous

Psychiatric consultants in the NHS (March 1975) total 1531, of whom 1021 are whole time. This contrasts with General Medicine, where 405 out of 1233 are whole time, and still more with General Surgery, 182 out of 1095. On the other hand, among Geriatric consultants 300 out of 339 are whole time.

Professor Linford Rees and Dr M. H. Lader are the psychiatric members of the Medicines Review Committee.

Mrs Renée Short and Mr Peter Walker asked questions about *Huntington's Chorea*. It has been decided that the condition should not be made a notifiable disease at present.

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