MEDICAL RESEARCH COUNCIL

M.R.C. Unit for Epidemiological Studies in Psychiatry at Edinburgh (Mr. Bedford, Miss Buglass, Professor Carstairs, Dr. Clarke, Mr. Duffy, Drs. Foulds, Kapur, Kennedy, Kreitman, Mr. Lunghi, Dr. Ovenstone, Dr. Philip, Mr. Robertson and Mr. Warder).

The following research work has been carried out over the past year:

1. Attempted suicide: epidemiology; psychological cultural and ecological studies; suicidal behaviour in families; effects of age; clinical management in general practice.
2. Suicide in Edinburgh: epidemiology; comparison with attempted suicide.
3. Agoraphobic housewives: clinical, familial, psychological and social aspects.
4. Neurosis in men and the psychiatric, psychological and social characteristics of their wives.
5. Prison populations: prevalence of psychiatric illness; psychological classification of convicted prisoners; characteristics of violent offenders.
6. Personality and symptom studies: problems of measurement; temporal stability.
7. Alcoholism: personality and symptom patterns; chronic alcoholism in prison populations.
8. Self-concept; personal space and population density; effects of social class and ordinal position; subcultural variation.
9. Data processing of in-patient and day hospital records.
10. Patterns of psychiatric illness in an Indian community.

The M.R.C has established a *Neurochemical Pharmacology Unit in the University Department of Pharmacology, Cambridge*, under the direction of Dr. L. L. Iversen.

The Unit will be concerned with the neurobiological approach to psychiatry, and research will concentrate initially on the study of neurotransmission in the vertebrate nervous system and the actions of psychotropic drugs on this process. In their support of this work, the Council are implementing the policies recommended in the report of their Committee on Biochemical Psychiatry (*Biochemical Research in Psychiatry: Survey and Proposals*. London: H.M.S.O., 1970), in particular the recommendation to give active encouragement and support to research that spans the gap between clinical studies and basic work in the field of mental illness and subnormality.

The work will include:

1. Clinical studies of the mode of action of drugs used in the treatment of neurological or psychiatric disorders and the examination of the biochemical basis of such syndromes in man and in experimental animals;

2. Biochemical, neurophysiological and behavioural studies of drug action in experimental animals, with particular emphasis on monoamine and amino acid metabolism and the role of nerve growth factors in the control of neuronal growth and plasticity;

3. The identification of transmitter substances at various synapses in the mammalian CNS as a basis for understanding the neurochemical and neurophysiological basis of drug action in the CNS.

REGIONAL DEVELOPMENTS

North West Metropolitan Regional Hospital Board

The region will have eleven new psychiatric units at District General Hospitals by 1975. More than £5 million has been allocated to meet the cost of providing them. The units are designed to provide a comprehensive service for the treatment of the mentally ill at hospitals in the community.

The region already has psychiatric units at the West Middlesex Hospital; the Queen Elizabeth II Hospital, Welwyn Garden City; Hillingdon Hospital; Watford General Hospital; Wexham Park Hospital, Slough; Luton and Dunstable Hospital; and a new unit at the New Lister Hospital, Stevenage, will open in November this year. Units at Bedford General Hospital and Northwick Park are being built and are expected to open in 1974, while units planned for Barnet General Hospital and Whittington Hospital should be completed in 1975.

The effect which the opening of these units will have on the large mental illness hospitals is to be studied and a report prepared.

North East Regional Hospital Board (Scotland)

The psychiatric care of adolescents is to be investigated by a working group being set up by the Board following recent discussions about the lack of facilities for disturbed and maladjusted adolescents.

The deficiencies in this service are, of course, on a national scale, and affect particularly the 11–15 age group as well as the 16–19 age group.

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