keep the general lines of development throughout psychiatric research under review, to assist in the formulation of research priorities, and to support and encourage the application of high scientific standards. The following points are put forward as a basis for discussion between the College and the Department.

In view of the fact that much of the best applied scientific work in the field of psychiatry has so far been carried out under the auspices of the MRC, the College welcomes the evident intention in the White Paper to support the MRC as the main contractor for Government work and to give the MRC ample scope for initiating new contracts. In the view of the College no sharp dividing line can be drawn between basic and applied work, and it should be explicitly recognized that much strategic work can legitimately be carried out on long-term contract.

Nothing should be done to undermine the present ability of the MRC to offer a career to promising scientists; indeed it is hoped that the result of implementing the proposals in the White Paper would be that more, and not fewer, such long-term posts would become available.

The great advantage of the MRC in being able to carry out scientific work independently, so long as its present scientific standards are maintained, should be recognized and supported.

It would seem to be a matter of some urgency that psychiatric advice should be available to the Chief Scientist, perhaps through the appointment of a psychiatrist to his part-time scientific staff.

The College will be in a good position to assist in the further development of psychiatric research, both through the endowment of Research Fellowships and by acting as a research contractor. Proposals along these lines are now under active consideration.

The College would wish to see the establishment of training posts for research workers, by attachment to MRC establishments and University departments, and is itself considering schemes whereby research experience can be acquired by promising young clinicians. Support from the DHSS in these ventures will be welcomed.

The College would welcome the opportunity to establish machinery whereby there could be a continuing exchange of views and ideas with the Chief Scientist concerning the current and future state of psychiatric research.

PARLIAMENTARY NEWS

September–December 1972

N.H.S. reorganization

The National Health Service (Reorganization) Bill was introduced and given a first reading in the House of Lords on 15 November.

In the same House, on 16 November, particulars were given of how the new structure will affect Greater London. Retaining the old names for the Metropolitan Regions (in the new proposals they are provisionally numbered 5 to 8), the main changes are that the whole of the London Boroughs of Hammersmith and Kensington and Chelsea and of the City of Westminster will be in the N.W. Region; Camden will be in the N.E. Region, as well as the whole of Enfield and Haringey; and the whole of Lambeth will be in the S.E. Region. Some of the London Boroughs will form Health Areas by themselves, others will be grouped in twos or threes.

The Coldharbour Hospital Fire

On 13 December Sir Keith Joseph made a statement on the report of the Committee of Inquiry into this disaster. It appeared that two male night nurses absented themselves from the ward 'for a much longer period than is acceptable', and also that some of the materials of the partitions and furnishings were less fire-resistant than earlier specifications had required. The Director of Public Prosecutions had ruled against any criminal proceedings.

Hospital detention of mentally ill offenders

The number of patients committed under Section 65 with a restriction order has remained steady at about 250 a year since 1967. These figures include those patients admitted to the Special Hospitals, although the questioner (Mr. Loveridge), was more concerned with conventional hospitals. In another question he asked about known violent offenders sent to conventional mental hospitals, but was told that the information was not available.

Mental subnormality

There were questions and an Adjournment Debate on the staff dispute at Rampton Hospital, where the argument was about the merits of a complete shift system as against alternate long-day duties. The staff had held out for the latter system, and the Department had to a large extent been obliged to give way.

It was announced that in the new Bill provision

https://doi.org/10.1192/S0007125073304144 Published online by Cambridge University Press

would be made for all private nursing homes, including mental nursing homes to be registered by the area health authorities, while registration of private residential homes would continue to be done by the local authorities.

Alcoholism

On 11 December, Mr. Eadie, who had previously asked questions on the subject, initiated an Adjournment Debate on alcoholism in Scotland, where its prevalence was much higher than in England and Wales, contributing nearly one third of admissions to mental hospitals and affecting one family in ten. Mr. Eadie also stressed the relationship of alcoholism to the rising incidence of crime. Mr. Hector Monro, of the Scottish Office, replying, agreed with what had been said, and outlined the special studies, educational measures, and treatment facilities existing or being carried out in Scotland.

In reply to a question it was stated that the number of admissions to psychiatric hospitals and special units (16) in England with a diagnosis involving alcohol was 9,312 in 1971, and there were about 30 per cent of successes.

'Sex therapy'

In a 'Consolidated Fund' debate on 6 December, Mrs. Jill Knight called attention to an arrangement made by Dr. Martin Cole under which a girl had received regular payments for acting as a 'sex therapist' for clients recommended by him (apparently mainly cases of impotence). She had received no special instruction for this role and her misgivings and apprehensions had, it was stated, been shrugged off. Mrs. Knight described the damaging effects which the girl had suffered and asked if there was any means of preventing such practices. The Government reply was cautious, as might be expected, but the Under-Secretary of State promised to seek expert advice as to any measures that might be taken.

Abortions

Figures for abortions since 1968, extensively tabulated, were given in reply to questions by Mr. N. St. John Stevas on 17 October. The tables do not, however, distinguish between abortions stated to have been carried out on psychiatric grounds and those ascribed to other grounds.

TEACHING/LEARNING AIDS IN PSYCHIATRY

This bulletin has been prepared on behalf of the Clinical Tutors' Sub-Committee with advice from the Audio-Visual Aids Sub-Committee. The aim is to stimulate the use of tapes and films in post-graduate teaching. The following tape-slide lectures and films are suggested as worth using in post-graduate study programmes in Psychiatry.

Equipment

The equipment needed is modest: 16 mm. film projector, standard transparency slide projector, and tape-recorder. For simplicity of use, film projectors may have automatic feed and built-in speakers. Automatic slide projectors are convenient, not essential, when used with audiotapes. A white emulsioned wall is often the best screen. The tape-recorder should be powerful enough for the size of audience; the trend is towards the cassette type of machine.

The cost of equipment naturally varies with its quality. Around four hundred pounds will buy what has been described. Many Hospital Management Committees will see this as a proper investment in education. The most costly item, the film projector, may often be borrowed from another department of of the hospital where is it under-used.

Sources

An exhaustive list of addresses is not required; familiarity with using these aids will soon lead to additions to the following:

British National Film Catalogue, 55A Welbeck Street, London, W.1.

Magazine—*The Film User*, P.O. Box 109, Croydon, CR9 1QH.

British Medical Association—Film Library and Department of Audio-Visual Communication.

Medical Recording Service Foundation, Kitts Croft, Writtle, Chelmsford, loans, audiotapes and slides (30p for two weeks). Catalogue, price 50p, is accompanied by leaflet describing the service.

National Audio-Visual Aids Centre, Paxton Place, Gipsy Road, London, S.E.27.

National Committee for Audio-Visual Aids in Education, 33 Queen Anne Street, London, W.1.

https://doi.org/10.1192/S0007125073304144 Published online by Cambridge University Press