BMA, as well as those of the Guests and the RMPA itself—and none of the speakers appeared to feel his time was limited. But the next day members were fresh enough, not only to assemble at BMA House for a morning session, but afterwards to trek out to Epsom for a lengthy afternoon programme at Horton.

The morning paper was by Norwood East, then in his fifties and the Medical Inspector of HM Prisons—his *Forensic Psychiatry* came out in the following year. The paper was on *The Forensic Aspects of Epilepsy*. East described cases illustrative of 'epileptic furor' and 'automatism' and ones where automatism had been wrongly put forward as a defence in court. The question of an accused person's claim to be unable to recollect his actions was discussed by the speaker and others—though not in the context of 'unfitness to plead', as it was in a famous case many years later.

Lastly, those vigorous enough to make the journey to Horton were rewarded by an insight into one of the by-products of psychiatry. For Horton had recently acquired the monopoly for malarial treatment of GPI, and its old isolation hospital was now a centre for the study of mosquito-borne malaria itself. So the main fare of the afternoon was a paper by Lt. Col. S. P. James on *Epidemiological Results of a Laboratory Study of Malaria in England*. However, W. D. Nicol, then in clinical charge of the unit, was able to give a short account of his results to date—29 patients treated, 5 still under treatment, 3 discharged cases, 12 improved, 6 unimproved, 3 dead.

The hospital was, of course, on view, and the present writer, newly promoted to Fourth Assistant Medical Officer there (would this be equivalent to a Senior Registrar to-day?), was privileged to act as one of the guides. True, we were a little uncertain as to whether the new features we were showing were real evidences of progress or just our chief's hobbies or fads. Still, we really were the first mental hospital to have an occupational therapist and the first to have a social worker. A little later there was our link up with the Royal Free Hospital, and then the arrival of the first women medical officers—but that is another story.

Lord's meticulous account of the Meeting ends with the reminder that it was 'the first to be held under the Royal Charter, and therefore one long to be remembered in the annals of the Association'. An instruction, perhaps, rather than a prediction—an instruction to his young assistant to see that it should be remembered after half a century.

ALEXANDER WALK

PARLIAMENTARY NEWS

(to Summer Recess, 1976)

(As reported to the Public Policy Committee)

Review of the Mental Health Act, 1959

On 5 August Mr ENNALS announced the publication of the Consultative Document. He explained that the document did not cover parts of the Act which were the subject of separate consideration, e.g. registration of homes for the mentally disordered or electoral registration. It concentrated on such aspects as the use of compulsion, the question of consent to treatment, the protection of staff against legal proceedings, and the protection of the public against prematurely discharged patients. On some issues the document pointed to preferred solutions; on others it only stated the arguments.

Mental Health Services

Two Adjournment Debates of more than usual interest took place during the period concerned.

On 5 May Mrs L. CHALKER, a member of MIND General Council, initiated a debate on the familiar subject of the transfer of patients from hospital to community care. The following must be quoted: 'It is necessary to say to consultants "unless you are satisfied that there will be adequate community support you are doing a disservice to a patient by discharging him at this time" . . . to leave them as some men and women are often left in both city centres and coastal resorts is more cruel than to keep them in for some time longer'.

Replying, Mr DEAKINS, the Under-Secretary at the DHSS, agreed that discharge policy must be realistic and that the consultant should satisfy himself that there were adequate support facilities, not just a place to stay. He repeated the main points of the Consultative Document, and referred to schemes

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operated in Salisbury, Dorset and the Midlands for group homes and other means of support for discharged patients.

A more controversial Debate was initiated by Mr C. PRICE on 7 June. His concern was with medicinal and physical treatments given to patients. Although he agreed that 'many psychiatrists are fairly modest and cautious in their claims and, as regards psychosurgery, that all was well at the Brook Hospital, he asserted that elsewhere 'rough and ready' leucotomies were being performed and that patients were being 'drugged so that they did not need to be locked up'. As regards ECT he quoted from the St Augustine's Report passages suggesting that this was being given without the doctor's specific authority, as well as against the will of informal patients.

Dr DAVID OWEN replied, and pointed out the need for balancing the patient's right to efficient treatment against the danger of abuse and the patient's civil rights and freedom of choice. He appeared to think that there was no problem in the case of informal patients because of their freedom to refuse treatment and to leave hospital. He referred to recommendations made by various bodies (including the RCPsych.) on safeguards in relation to hazardous treatments. It quoted MRC and other reports and studies showing that 'ECT given in the proper manner' did not cause brain damage, and that psychosurgery as now performed had been of considerable benefit. It was intended to publish a Consultative Document on the Review of the Mental Health Act which would examine among other things possible further safeguards in relation to treatment.

It might be added that this 'debate' took place round about 4 am and was presumably more in the nature of a personal conversation. Mr PRICE and others had previously asked questions on the same subject, arising out of the St Augustine Report. An intervention by Mr PATRICK JENKIN is worth recording: 'Is not the real message of the Report the absence of any overall and effective medical control of patients?'

Information was given about expenditure on hospitals for the mentally ill and handicapped in one Region in the last ten-year period, but it was stated that expenditure on mental health other than in psychiatric hospitals was not separately identified in the accounts.

The membership of the Royal Commission on the National Health Service was announced on 5 May. It includes a psychiatrist, Prof Batchelor, and two general practitioners, but no other doctors.

Security Units

There were two Debates relating to proposed medium security units. In the first, Mr J. CALLAGHAN (member for Middleton and Prestwich, not the Prime Minister) sought an authoritative reassurance about the purpose of the unit at Prestwich Hospital; it appeared that locally there were fears that it was to be a 'top security' unit and even that Myra Hindley was to be transferred there. Reassurance was duly given. In the other debate, Mr G. GARDINER and Sir G. HOWE voiced local objections to the siting of such a unit in the grounds of the Royal Earlswood Hospital, urging that units should not be associated with a mental handicap hospital. Mr DEAKINS promised a re-examination of the question.

Miscellaneous

Dr OWEN gave the latest figures for DHSS expenditure on mental health research: £100,000 in support of local case registers; various projects, £250,000; special Hospitals Research Unit, £60,000; MRC studies, £3,200,000.

Concern was expressed about the activities of the 'Unification Church' and their effect on the mental state of young people.

Various questions dealt with progress, or the lack of it, in providing detoxification centres and other services for alcoholics.

Consideration is being given to the payment of attendance allowances to foster-parents looking after mentally handicapped children needing the required care.

A Consultative Document on child and adolescent psychiatric services will be issued after the report of the Court Committee has been received and studied.

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