parisons, it would seem clear that the responsibilities of higher trainees should be rather different from those of junior trainees. The majority (77.4%) of hospitals in this survey recognize this, and their senior registrars either have a second on-call rota midway between the junior and consultant rotas, participate in the consultant rota, or in some cases have no regular duties at all. This last would seem the least useful solution in terms of training unless the senior registrar is given the opportunity of covering on the rota of consultants during their periods of leave. If the senior registrar is to participate regularly in the consultant rota, a probationary period would be sensible, during which a consultant would be available for advice. Separate second on-call rotas are in general only feasible if a hospital has more than one senior registrar, or if other experienced staff such as medical assistants are available to participate in the rota.

Second on-call duties tend to vary widely in their scope, from giving advice over the telephone, to providing psychiatric cover for casualty departments and general hospitals. Sometimes, the second on-call is involved in a community crisis service. Although many first on-call rotas are self-sufficient in the event of illness or non-appearance of the duty doctor, some hospitals require the second on-call to step into the breach on such occasions.

The sector in which dissatisfaction is most apparent is, not surprisingly, that where senior registrars are still performing first on-call duties. However, it is only fair to note that a very small proportion said they were happy to perform such duties. These fall into two groups—those who prefer the higher proportion of Class A UMTs attached to first on-call duties, and those who work in small, often specialized units, which can be covered from the duty doctor's home.

Unless it is their own wish, senior registrars should not be expected to perform regular first on-call duties. Both psychiatric hospitals and general hospital units are sufficiently well staffed now for an adequate first on-call rota to operate without the participation of senior registrars. Higher trainees should not be used as extra pairs of first on-call hands. The psychiatric services suffer from this practice since a not inconsiderable proportion of consultants will not have had an adequate training in their on-call responsibilities.

Matters *are* improving, albeit slowly. Three questionnaires were returned with a note that duties had changed for first on-call to second on-call within the preceding few months, and indeed the figures in this paper may already be a little out of date. This is a sensitive issue, and individual hospitals may feel that their right to organize their own on-call arrangements should not be infringed. But unless higher trainees push for an improvement in their on-call duties there will still be a number of hospitals which cling to the time-honoured on-call arrangements—'because it is traditional here'. Unless senior registrars in such a situation make their feelings known, it will be assumed that they too are happy with the status quo.

Parliamentary News

(April to July, 1981)

Legislation

Section 144 of the Supreme Court Bill, now in the final stages of its passage, makes substantial changes in the arrangements relating to Lord Chancellor's Visitors by amending Sections 108 and 109 of the Mental Health Act, 1959. The existing offices of Medical and Legal Visitors are abolished (except that the position of the present holders is safeguarded), and instead there will be panels of Visitors, Medical, Legal and General. The Court of Protection will establish standing rules as to the circumstances in which patients should be visited, but the visit will be made by a General Visitor unless the judge (i.e. the Master of the Court of Protection) considers it essential that it should be made by a Medical or Legal Visitor.

Mental Health Services and Miscellaneous

In reply to two questions by Mr C. Irving, three research projects on the *primary care* contribution were mentioned, one being carried out at the Institute of Psychiatry, as well as the general practice research unit at the Institute.

The number of *patients in mental illness hospitals* is now about 76,000 compared with about 112,000 twelve years ago; it is thought that there may be up to 5,000 patients capable of living in a different setting.

If a *mental hospital is closed* and the premises and site sold, the proceeds are to be used to develop other mental health services.

Lists were published on 4 June of local authorities that had or had not provided various forms of day or residential care.

On 7 July Sir George Young, replying to a question from his own side of the House, again spoke of the official policy of *support for schizophrenic patients* living in the community, and praised the work of the National Schizophrenia Fellowship.

The Minister, on another date, refused to accept the length of waiting lists as a criterion of need for expanded

psychogeriatric services

Four research projects on *child abuse* are currently being funded by the DHSS, one at the Institute of Psychiatry.

For the first time for several years at least, questions were asked on 21 July relating to *psychiatric services in Northern Ireland*. About 9,000 admissions to hospitals and units occur annually, there are about 46,000 attendances at outpatient clinics and 28,000 at day hospitals. Each year there are about 350 discharges of such patients.

A total of 70 *psychosurgery* operations were performed in 1979, and 62 in 1980. Of these the great majority (47 and 50) were performed at the Brook Hospital. No information as to diagnosis was available centrally.

Mental handicap

In the debate on Disabled Persons (in connection with the International Year of Disabled People) initiated in the Commons on 3 July by Mr Alfred Morris, two speakers, Mr Jack Ashley and Mr T. Benyon referred at length to the care of the mentally handicapped. Both speakers mentioned the television film 'The Silent Minority' and commended, as an alternative to large institutions, the Spastics' Society's experimental home at Beech Hill House. Mr Ashley especially urged the total removal of all children from mental handicap hospitals, as well as the removal of many of the adults. He cited the evidence of Maureen Oswin and Ann Shearer as to the outcome where children were brought up in institutions. Mr Benyon, however, pointed out that 'Silent Minority' had distressed the hospital staffs and impeded recuitment, and he brought out the fact that each month about 35 injuries were caused to staff by patients at Borocourt. No reference to mental handicap was made in the Minister's (Mr Rossi's) necessarily brief reply to the debate.

Mr Jenkin, on 7 July, promised to make a statement on the 'Silent Minority' film as soon as possible after obtaining further information from the health authorities.

Questions relating to mental handicap were mostly of local concern, but the following answers may be of interest. The numbers of mentally handicapped persons in England in need of special services is estimated to be between 2.9 and 3.4 per thousand of the population. The number of psychologists, physiotherapists and speech therapists working in mental handicap hospitals has been rising in recent years, e.g. speech therapists are now 1 per 1,000 patients as contrasted with 1 per 3,000 ten years ago.

So few questions asked on psychiatric subjects relate to conditions in *Wales* that special mention should be made of one by Mr D. Wigley on 18 June. He referred to a recent official document 'All-Wales Plan for the Mentally Handicapped', but was told that no assumptions had been made as to the number of persons who could be discharged from hospitals.

Mentally abnormal offenders

The appointment of Dr Alfred Minto as Medical Director of Rampton Hospital was announced in May, and he has since taken up his appointment. Dr Julian Roberts, of Leeds, is to be a member of the new Review Board.

Twenty patients were transferred from Special to NHS hospitals during June, and progress is to be reviewed.

Over £44 million has been allocated since 1976 for the development of regional secure units.

Late News

Among the many written answers included in the last issue of *Hansard* before the summer recess were a few relating to mental disorder.

The consultative document 'Care in the Community' includes suggestions which may require legislation if they meet with general approval.

During 1980, there were 140 diagnoses of subnormality or severe subnormality made in prisons, and at the end of the year there were 25 persons of these groups still in prisons.

Difficulties relating to the 'means-testing' of families of mentally handicapped children in local authority care are being considered as part of a review of supplementary benefits.

Figures were given for the numbers of old people in England and Wales in certain recent years, with projections for future quinquennia. It appears that the numbers in the 60–79 groups are likely to diminish by 1995, but the number of over-80s will continue to rise steeply (1,124,000 in 1975; 1,335,000 in 1980; estimated 1,764,000 in 1995).

ALEXANDER WALK

Erratum

In the article on sections 60 and 65 of the Mental Health Act and the European Commission of Human Rights (*Bulletin*, August, p. 151) an error occurred on page 152. In the section 'Case of X against the United Kingdom' it should have read: 'In *un*successful proceedings for a writ of habeas corpus the official reason given for the applicant's recall was that his "condition was giving cause for concern".'