field, the approach of some responsible bodies towards the development of psychiatric services certainly appears to suggest 'an excessively economic motivation for the most recent period of the shift towards community services at the expense of the mental hospital'.

However, Peter Sedgwick's statement that 'no mental hospital has actually yet been closed down' is untrue. Holloway Sanatorium, Virginia Water, Surrey, was a hospital of 700+ beds with a national reputation for the care of the mentally ill. Sadly, the Sanatorium was closed in December, 1980.

Holloway Sanatorium took on a National Health Service catchment area in 1968 and continued to provide a busy service for most of North West Surrey right up until the day of closure.

Although several smaller psychiatric hospitals had closed before Holloway Sanatorium, we believe the Sanatorium was the first psychiatric hospital with a catchment area to close, and certainly the first to close while actually giving a service.

STEPHEN CRASKE

St Peter's District General Hospital
Chertsey, Surrey

Consultant psychiatrists in mental handicap

DEAR SIRS

Those of us who are working in Wales are well aware of the recommendations of the All Wales Working Party Report on the future development of the Mental Handicap Service in the Principality. Transfer of resources from the Health to Local Authorities may be a good thing for the majority of mentally handicapped people and their families, provided these resources are specifically used for their benefit. But a significant minority of the moderately and severely mentally handicapped, multiply handicapped, mildly handicapped with personality and behaviour problems, and those with emotional and psychiatric problems as well as families under stress and in crisis also need the therapeutic environment of a hospital or hospital unit.

This extremely important need of the service has not only been given no significant place in these recommendations, but, on the contrary, the closure and run down of mental handicap hospitals and no further development of new hospital units has been strongly recommended. One can see the reduction in the size of large institutions—which can only be good for patients and the staff, but it is hard to understand the logic of closure. I think we are all aware of the implication of such measures. The role of the consultant psychiatrist in mental handicap has always been precarious and seems to be more ambiguous and confused with the changing trends and policy in this field. This again has serious implications for the care of the mentally handicapped as well as for the future recruitment of able, enthusiastic young trainee doctors to this 'specialty'—already a difficult problem.

I would like to raise this very much neglected issue of Mental Handicap as a specialty of psychiatry and the role of consultant psychiatrists in this context, particularly in view of changing policies and trends as a result of the influence of powerful pressure groups like MIND and MENCAP in dictating these changes. I hope the views of my colleagues and the College will be expressed and discussed in the near future.

T. HARI SINGH

Hensol Hospital
Pontyclun, Mid-Glam

Psychiatric Charge Nurses and their conditions of work

DEAR SIRS

Sadly, it is now rare for any Charge Nurse responsible for a ward within a psychiatric hospital to be always present at the most critical times during working hours, viz. during the mornings and afternoons of each weekday. These are the times when routine admissions, ward rounds, consultations with social workers or occupational therapists, removal of blood for tests, interviews with key relatives, preparation of patients for ECT, the administration of ECT itself, supervision of drug rounds, participation in group work and the like, take place.

Unfortunately, the present system of payment laid down by the Whitley Council encourages an emphasis on shift work. Consequently a Charge Nurse will often prefer to work in the evenings and at weekends where there is a choice.

This state of affairs inevitably means that there tends to be considerable lack of cohesion and co-ordination, with resultant misunderstandings, delays and also lowering of morale.

While there is nothing anyone working within a psychiatric hospital can do about this directly, it might well be that your readership can see ways out of this dilemma. After all, for many years now, there has been endless talk about ensuring that the standards of patient care do not drop.

K. M. G. KEDDIE

Sunnyside Royal Hospital
Montrose

The Mental Health (Amendment) Act—a personal view

DEAR SIRS

It seems that the Mental Health (Amendment) Act is destined to become law before very long. It has never ceased to amaze me how English psychiatrists, in particular the Royal College of Psychiatrists (who after all are to be operating the Act) seem to have accepted it with the minimum of fuss. The one successful feature of the yet untested Act is its general flavour of bias against psychiatrists.