Correspondence

The 'nominated Deputy' in terms of the Mental Health Act 1983

DEAR SIRS

The recommendations advanced by the Mental Health Act Commission in respect of the 'nominated Deputy' of the responsible medical officer empowered to effect action under Section 5(2) of the Mental Health Act 1983 are obviously causing some problems.

Whereas the Mental Health Act Commission's advice (probably to be incorporated in their Code of Good Practice at a later date) is that the nominated deputy should be a consultant or senior registrar, it is abundantly clear that due to a variety of reasons, many psychiatric institutions are finding it impossible to follow this advice.

Your readers may be interested to know that I have recently contacted 25 mental hospitals and although I have not yet received a response from all of them, so far there is not a single institution where this advice has been found practicable to follow.

It seems that the 'nominated Deputy' empowered to effect action under Section 5(2) is the duty doctor on site, as was the case under Section 30 of the old Act; though in the vast majority of instances, arrangements have been made for the duty doctor always to consult with the responsible medical officer or other senior on call before implementing this Section, and in other instances the duty doctor empowered to act under this Section is always a senior house officer or registrar who has at least six months experience in psychiatry.

Several of my colleagues who responded to my letter pointed out the obvious fact that most junior doctors on duty in psychiatric institutions have far more psychiatric experience than general practitioners or police constables who are, of course, empowered under other Sections of the Act to detain patients. One colleague brought to my attention the strangely paradoxical situation of a Registrar approved under Section 12 of the Act being unable (if the advice of the Mental Health Act Commission is to be followed precisely) to effect action under Section 5.

Several colleagues who responded to my letter suggested that the Royal College of Psychiatrists should make representation to the Mental Health Act Commission in this regard.

BRON LIPKIN

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DEAR SIRS

The Council of the College recommended that doctors approved under Section 12 of the new Mental Health Act should have the Membership or its equivalent. At the same time they believe that NHS consultants should 'take part in organizing cover for Sections 2, 3 and 4' of the Act (*Bulletin*, June 1984, **8**, 107). This might be all right for teaching hospitals and the like, but it is quite unrealistic for peripheral and rural mental hospitals where the staff includes very few such highly qualified psychiatrists. There is an obvious need to approve other doctors, such as GPs who are vocationally trained in psychiatry, under Section 12.

The peripheral or rural consultant is already very hard pressed and has enough to do in running a satisfactory hospital service, without undertaking sole responsibility for Section 12 cover. There is no objection, of course, to making such cover a voluntary commitment (as is generally the case at present). Contracts cannot be altered to impose additional duties onto consultants, however.

These problems should have been anticipated by the College during their negotiations with the legislators who drew up this Act. Unrealistic recommendations from Council merely alienate the College from its members. The rural consultant's back may be broad, but given a little extra load and it may be broken!

MICHAEL BIRD

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The medical effects of nuclear war

DEAR SIRS

Professor Sir Martin Roth's review of this salutary report (*Bulletin*, April 1984, **8**, 71) itself makes good reading. 'Are we to remain mute and inactive in the face of the apathy, indifference and escape . . .?' 'Is there nothing relevant or useful to be said or done about the denial, dissociation, emotional anaesthesia and the hostile projection of responsibility on to others . . .?' Well, what is to be done about this 'problem that towers above all others'? We are not at war now against Russia or even against Libya, nor is (or should be) the United States at war against San Salvador or Nicaragua. But we are, or certainly we ought to be, at war against those elements in international politics which are calculated to bring war about.

Lord Mountbatten is reported to have stated that it is the profits made from the manufacture of nuclear weapons which are the principal drive behind their multiplication. Dr Jeffrey Segall has said that the objective (historical) reason for the enormously overarmed conditions of the USA and USSR is to protect the maldistribution of world income whereby 83 per cent of it is enjoyed by 30 per cent of the population. Acquisitiveness—in plain English, greed—seems to be our chief stumbling block.

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But it is not any answer to project our responsibility and our guilt upon the arms manufacturers of the USA, or of any other state, or to deny our self-seeking beneath the wing of governments which seem to see antidote to military threat through escalation of armament. The reality is that all of us who are comfortably off are sharing in the profitability of those industries.

Two things are necessary. Our national, and therefore our fiscal, policies must be orientated more towards the well-being of poor nations with less emphasis on our own economic security. That means that our desire for freedom must be a genuine and total aspiration and not merely as a defence against Soviet hegemony. And we must come to the point where one side will be prepared to take the risk of being at least marginally the less well armed of the two. But how to get there?

Could we say to the Communists that we deplore much of their policy, that we see their distaste for our more liberal regimes but that we are prepared to talk and in some measure to trust. Dare we not count on some trace of genuineness in their response? Provided that we can put our own house in order.

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Training in psychiatry for developing countries

DEAR SIRS

I spent one year (1982–83) doing private practice in general psychiatry in Mauritius, an island in the Indian Ocean. It was with great interest, therefore, that I read Dr J. L. Cox's report of the 4th Conference of the African Psychiatry Association (*Bulletin*, April 1984, **8**, 69–70). In 1979, when the DPM (Conjoint Board) was being discontinued, APIT (Association of Psychiatrists in Training) published a letter regarding the demise of the examination and the need for a substitute. In a sense, the new diploma from the Institute will fill a void created by the cessation of the DPM.

Perhaps the College should now develop a MRCPsych (Ext), tailored to the needs of overseas countries (especially Africa). Otherwise we will end up with two postgraduate diplomas: one prestigious, the other, perhaps, less so, even though it may be more relevant to the needs of the recipient countries.

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'Clomipramine Challenge Test'

DEAR SIRS

Dr Holmshaw (*Bulletin*, April 1984, **8**, 76) refers to a clomipramine diagnostic test. I prescribe clomipramine, initial dosage of 75 mg daily, to obsessive compulsives with affective symptoms. My findings are as follows:

1. Patients with primarily obsessive compulsive disorder respond satisfactorily, but perhaps may need increase of initial dosage to 225 mg daily.
2. Patients with basic neurotic personalities become hyper-excitable, complaining especially of insomnia, even at a low dosage of 75 mg daily.
3. Patients with bipolar affective disorder develop hypomanic symptoms following increase of the administered dosage.
4. Patients with primarily schizophrenic illness become acutely paranoid, which proves to be reversible on stopping clomipramine.

It would be interesting to know of the findings of other colleagues.

G. K. GAD

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Review

Video Violence and Children: Part II. Children's Viewing Patterns and Parental Attitudes in England and Wales. A Report of a Parliamentary Group Video Enquiry. Published by Oasis Projects. 1984. £5.

Video recorders are recent additions to the paraphernalia of home entertainment and, as shown in this report, have rapidly become commonplace, climbing high on the list of many families'priorities. In response, the video shops and video clubs have sprouted fast, first in the big cities and are now to be found in every neighbourhood. Abuse almost invariably follows highly popular enterprises. Concern about commercial abuse, pirating of copyright by illegal copying, preceded concern about the abuse of children exposed to the sadistic and pornographic material invading a large number of homes.

Earlier this year, a Private Member's Bill was presented to the House of Commons. The introduction of this Bill provided the impetus for the inquiry, sponsored by a Parliamentary group. The names of those on the Working party and of those actively engaged in the investigation are listed in the report. It is acknowledged that there was a tight time schedule so that the data could be available for the Committee stage of the Bill.

The results as presented are disturbing. Forty-five per cent

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