REPORTS AND PAMPHLETS

State Hospital, Carstairs. Report of Public Local Inquiry into circumstances surrounding the escape of two patients on 30 November 1976 and into security and other arrangements at the hospital. Edinburgh; HMSO. 1977. £1.50.

On St Andrew's Day 1976 two psychopaths escaped from the State Hospital, Carstairs (Scotland's Special Hospital), after elaborate preparations, and in so doing brutally murdered a nurse, a fellow patient and the village policeman. There followed industrial action by the nursing staff, who for historical reasons belong to the Scottish Prison Officers' Association. During emotional meetings blame was levelled at the hospital's officers and medical staff. It was asserted that warnings had not been heeded, that treatment policies were at fault, that security had been neglected. It was forcibly suggested that management and medical staff disregarded nurses' views on the treatment of patients. The staff resolved to bar from the hospital the Physician Superintendent, another consultant psychiatrist and the Principal Nursing Officer, and decided on a withdrawal of labour unless these three were suspended from duties. Within a fortnight skilled negotiations ended the immediate dispute and the Secretary of State had announced this public Inquiry. One looks to gain something from such a tragedy, and whilst the Report will be compulsory reading for all forensic psychiatrists others should be aware of the criticisms which can be made when it is felt there is a lack of communication between doctors and nurses. Especially important is the format of the Inquiry, and it was ironic indeed that it was the Superintendent of the State Hospital who earlier had been convener of the College's Working Party on the conduct of Committees of Inquiry. The Carstairs Inquiry was set up under Section 108 of the Mental Health (Scotland) Act (similar to a National Health Service Act Section 70 Inquiry) chaired by an eminent Q.C., Sheriff Principal Reid, and was conducted in accordance with the Working Party's recommendations. The rights of individuals were protected by their proper legal representatives, and there was general agreement that it had been a comprehensive and totally fair judicial inquiry. It was unfortunate, however, that there was a necessary delay of nearly four months before the Inquiry started, to allow for the trial of the two accused (who were sent to prison for the rest of their natural lives) and it was almost a year to the day when the Report was finally published.

The Report is coherent and is a closely written and logical document. On a point of style, it is irritating and unnecessary to refer to the medical staff as 'Dr', whilst the nurses, like the patients, are referred to simply by their surname. The first chapters describe the hospital and the individuals involved, the preparations for the escape and the 'nightmare quality' of the events of that night. The industrial dispute and the irrational demands made by the staff were seen by the Sheriff as caused by anxiety about security, but it has been suggested that this could also be construed as a massive grief reaction, complete with mental distress, disorganized activity and intense hostility towards those imagined responsible.

Security in the State Hospital is carefully considered along with treatment policies, and it is rightly pointed out that the balance is best found by having a clearly defined programme of treatment for each patient and by close collaboration between all those responsible for the management of the patients. The breaches of security are described and remedies recommended. The Report recommends the construction of a further perimeter fence, and this is now to proceed together with the installation of other maximum security devices at a cost of £2 millions.

No doubt there should be a heavy emphasis on hardware, but it is regrettable that the Report has little to contribute towards furthering the morale of staff and relieving their isolation. A cynic might say more fences means more isolation. Consideration should be given to an extended scheme of rotating staff into and out of the hospital and even limiting the time any nurse (or doctor) should serve on the staff without a break elsewhere.

The murder weapons were constructed in the hospital woodworking shop, and consequently much attention was focused there. It was found that neither the Occupations Officer in charge of that department nor the Chief Occupations Officer had had any training in security, and there was also a great deal of uncertainty as to whom they were responsible to. Previously their responsibility had been to the Principal Nursing Officer, but this had ceased in 1972 following a dispute which resulted in nurses being withdrawn from occupational departments. Whilst the Physician Superintendent had to bear 'titular responsibility' for the hospital's state of security, the Report found 'no breach attributable

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to his personal failure in duty'. He had responsibility without power, his role in security being that of co-ordinating, and there was no evidence that he had ever frustrated attempts to tighten security. Neither was there found to have been any problem in administration caused by the Physician Superintendent also being Professor of Forensic Psychiatry at Edinburgh University.

The Report further criticizes the in-service training in security for nurses, and it is recommended that a Security Officer be appointed. The Management Committee had previously refused to accede to staff's demands for such an appointment, fearing that if the responsibility for security was vested in one man others might slacken their personal responsibilities. The Sheriff points out, however, that one of the most important dutics of such an officer is to promote such feelings of personal responsibility among staff.

Besides neglect of security, the staff had blamed the murders on the progressive treatment regime, the introduction of more humane staff-patient relationships and the system for granting parole. (Parole in Special Hospitals involves granting of certain privileges, such as moving about unescorted within the hospital's grounds; it is therefore quite distinct from the prison parole system).

Many believed that the hospital's Managers, and one of the consultants, paid little regard to their experience and their wish to be consulted about treatment. The Report says: 'It is hardly possible to over-estimate the resentment this caused. No feeling is more corrosive to conscientious men than that their views and, by inference, they themselves are held in low esteem by their superiors.'

The Report examines problems of communication between and among doctors, nurses and occupations officers, though there is no reference to problems of communication among the doctors themselves. The Sheriff recommends the appointment of two nurses to the Management Committee and a re-examination of nurse staffing and their shift system.

The complaints about lack of communication between certain of the doctors and their nurses leads to the comment that one of the consultants' 'informal methods' did not command the respect of the nurses, who considered them too desultory to be of much use. The same consultant's 'aloof style of treatment' and practice of seeing patients infrequently is examined, and it is concluded that the team approach has many advantages from the standpoint of security and should be adopted, though it is recognized that this recommendation 'might be thought to encroach on the right of doctors to determine the treatment of their patients'.

The Scientologists appeared at the Inquiry under their various guises and contended that the Section of the Scottish Mental Health Act relating to withholding of correspondence was operated oppressively by doctors thereby preventing patients making complaints. The Report points out that the Mental Welfare Commission has a duty to inquire into any complaints, and no letters to that independent body can be withheld. The Scientologists are held to have not behaved responsibly, and their activities lead the Sheriff to say 'nothing could be more cruel than to foster false hopes or more dangerous than to fuel the resentment of patients who believe they are wrongly detained.' As a final stroke he did not award them their expenses.

In conclusion, the Sheriff acknowledges the work of the hospital: 'The staff do work which few of us would consider undertaking and they do it with steady dedication.' As the late Dr Peter Scott (who contributed towards the drafts of the Report before his untimely death) told the Inquiry: Special Hospital patients are those whom not only society have rejected, but ordinary hospitals and prisons cannot manage; it is therefore inevitable that such hospitals will be beset by major problems. Medical and nursing staff are to be congratulated on their difficult but essential public work, as the Report says, and the nursing unions should recognize that a tightening of security is not inconsistent with progressive treatment regimes but rather that the two must inevitably go hand-in-hand.

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Report on the Third European Liaison Meeting on the Prevention and Control of Road Traffic Accidents. Regional Office for Europe, WHO, Copenhagen.

Around 1974–5, according to WHO statistics, some 70,000 persons were killed and probably another 1,700,000 injured on the roads of Western Europe. There is little reason for thinking that these figures have been significantly reduced in the intervening years, and this Report gives some clues to why progress in road safety is so disappointing.

A special Appendix is needed to list full titles of the 68 organizations whose initials are scattered liberally throughout the text. Faced by such a multiplicity of independent bodies it is scarcely surprising to read, 'That with respect to liaison between the organizations represented at the second meeting in 1971 there has been little improvement.'

Some of the more revealing comments appear in the first eleven pages of this Report. There is still no uniformity in reporting of deaths and injuries; at one extreme accidental death is only included if it

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