than the rest of medicine and it can be difficult to distinguish ideas of how one should approach it from ideas of how one should approach life. The main thing is not to be crushed by all the things wrong with the patients and the system but to be interested in the positive aspects of each and work out what to do with them.

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Reviews

Report on the Future of the Special Hospitals. Royal College of Psychiatrists. 1983. Pp 43. £1.

The title of the Report reflects the Special Committee of Council's most important term of reference, '... (to) make recommendations for the future'. But the future looks bleak. After years of campaigning in other quarters for the repeal of the Official Secrets Acts, the College decides merely that they should not apply to staff in the Special Hospitals. As far as future management is concerned, the Report takes the line proposed by the 1968 Estimates Committee, the 1973 Elliot Report on Rampton Hospital, and the 1975 Hospital Advisory Service report on Broadmoor Hospital: all recommended local rather than central DHSS management. But the Committee's pusillanimity is shown by their recommendation that local Management Committees including representatives of NHS psychiatric services, district and regional health authorities, university departments and the local community, should not be imposed on hospitals with well functioning Management Teams, comprising medical director, head of nursing, and hospital administrator. Management Committees should only be forced on unhealthy (sic) hospitals with demonstrable disharmony and widespread lack of confidence (if Yorkshire Television doesn't get there first). Elsewhere a curious comment provides what the reader is to take for a reason: different areas of interest and specialization (between Special Hospitals) suggest that a common management structure is inappropriate. How does the rest of the health service manage?

For a Committee born of both the problems surrounding the integration of regional secure units with mainstream psychiatry and the shadow of the Rampton Hospital inquiry, the Report is both blinkered and self-interested. Consultants should have fewer cases, more money and better links with the rest of psychiatry. Financial recognition should be made for the fact that Special Hospital consultants cannot engage in private practice—although they knew this when they applied for their appointments—and a special responsibility allowance should be paid in addition to the present Special Hospital lead.

The Report is also disappointing in that the Committee reiterates the common fallacy that mental hospitals have lost their expertise in dealing with difficult patients when all that has gone is the exercise of patronizing repression and the staff of some hospitals are at last learning how to manage difficult and assaultative patients in a humane manner. In addition members of Council's Committee failed to address themselves to the question of how many places should be provided in Special Hospitals. In 1968 there were 2,500 and 1,800 in 1981. But how many places do we need? Why not 1,000? Why not close one Special Hospital? The other area in which expectations are not met is the blind support which the Committee gives to the DHSS in its negotiating with the General Nursing Council which clearly has doubts over the Special Hospitals' suitability for nurse training. There is no debate of these issues, no dialectic, but dogma to allay fears of more recruitment problems if nurse training recognition is withdrawn.

In urging psychiatrists to seek the opinion of a Special Hospital consultant beforehand the Report contradicts DHSS advice that all Special Hospital referrals should be channelled through the Department. And do we not deserve something more than the tautology that milieu therapy is believed to have beneficial effects on retraining and resocialization of patients exhibiting antisocial behaviour? And was the Report not the place to nudge the delicate balance of the interests of security versus treatment in favour of the latter? We have much to learn from penal incapacitation studies which show that a very large increase in the length of imprisonment results in only a very small decrease in the amount of crime and, conversely, that a large reduction in the amount of imprisonment would result in only a small increase in the amount of crime.

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