

THE COLLEGE LIBRARY

An appeal

For better or for worse, mental hospitals are closing. Most of these institutions are of some antiquity and in the course of their existence have become repositories of history, in the shape of books, documents and apparatus.

To my certain knowledge items representative of all these categories are being wantonly destroyed, and I am making this appeal to prevent the further loss of irreplaceable historical material.

The College Library would like to be notified of the availability of books, particularly of the period before the First World War, and of apparatus, as, for example, mechanical forms of restraint and early ECT machines. Patients' records are of obvious value, but the shortage of space may make it impossible to house them in the College itself. I would suggest that these be offered to county record offices, who generally speaking welcome the opportunity of preserving unique documents of this kind.

Apart from books belonging to mental hospitals mentioned above, the College Library would greatly appreciate gifts or bequests from members of any books bearing on the history of psychiatry, whether antiquarian or more recently published. Members willing to donate or bequeath such books are asked to contact the librarian, who will be glad to discuss the College's needs with them.

Donation of books

Members have continued to be most generous in giving copies of their published works and copies of MD Theses to

the College Library.

The Librarian wishes to thank the following Members for their kind donations during the past six months.

- Dr M. R. Bond *Pain: Its Nature, Analysis and Treatment*
Dr D. H. Clark *Social Therapy in Psychiatry*
Dr P. Dally *Anorexia Nervosa*
Dr F. Fransella *Personality*
Dr A. Gath *Down's Syndrome and The Family*
Dr M. T. Haslam *Psychosexual Disorders: A Review*
Dr J. G. Howells *Modern Perspectives in the Psychiatry of Infancy*
Dr D. Kelly *Anxiety and Emotions*
Dr R. L. G. Newcombe *Stereotaxic Surgery for Depressive Illness*
Prof R. G. Priest *Benzodiazepines Today and Tomorrow Sleep Research*
Dr D. A. A. Primrose *Proceedings of the Third Congress of the International Association for Scientific Study of Mental Deficiency*
Dr H. R. Rollin *Coping with Schizophrenia*
Prof M. Rutter *Changing Youth in a Changing Society*
Dr R. P. Snaith *Clinical Neurosis*
Dr F. Kräupl Taylor *Concepts of Illness, Disease and Morbus*
Prof Sir William H. Trethowan *Psychiatry*
Dr S. N. Wolkind *Medical Aspects of Adoption and Foster Care*

Reviews

Review of Leave Arrangements for Special Hospital Patients. 1981. DHSS. Pp 24. £1.00.

Following a conviction for rape, Mr Ronald Sailes was admitted to Broadmoor Hospital under Section 60 Mental Health Act 1959. A restriction order for a duration of fifteen years was added under Section 65 of the Act. When the restriction order expired in 1977, Mr Sailes continued to be detained under Section 60, and tribunals in that and the following year recommended that he should continue to be detained, but, significantly, it was not specified that this needed to be in Broadmoor. Following two periods of leave of four weeks and six months, Mr Sailes was again allowed leave although the detention order was renewed so that he could be recalled to Broadmoor Hospital if it was considered necessary. During the third period of leave, Mr Sailes killed a young girl.

As a result a review team was set up, comprising one member from the Home office and six from the DHSS, to see what lessons could be learned from the case. The Report

reviews arrangements for sending patients on leave from the four Special Hospitals, with the intention of preventing a repetition of the events that led to Mr Sailes' conviction.

The fact that the guidelines emphasize repeatedly the importance of consultation within the hospital about the proposed leave suggests that the review team found fault with this aspect of Mr Sailes' management. The Report stresses the need to pass information to relevant agencies and individuals outside the hospital; it also recommends that great care should be exercised in selecting a suitable hostel and arranging the supervision of patients while on leave.

Section 39 MHA 1959 allows a responsible medical officer (RMO) to grant leave subject to such conditions as are thought necessary, although only with the consent of the Home Office in restricted cases. In addition to leave being part of a structured rehabilitation programme, it enables the RMO to continue to exercise control over restricted patients, particularly in that it confers powers of recall.

To distinguish between leave and other transfer and discharge arrangements is artificial, and the guidelines are