made on these objectives should cost data be brought together with the clinical data, and this should only be done in those areas where activities are seen to be meaningful and manipulable by clinicians.

The report's final recommendation concerns not information technology or resource management but training, and emphasises the need for training in analysis of organisational goals and information technology needs as opposed to information technology skills. This report points out the folly of thinking that "throwing computers" at a problem will solve it.

The authors' concern about the trend towards finance department-led information technology systems as opposed to clinically-led systems is clearly important as the introduction of inappropriate technology may well have, as the authors state, significant negative consequences for the NHS.

The book is short, free from techno-babble, and encompases a great deal of common sense in an area befuddled with the competing needs of commercialism, politics and a plethora of experts.

R. N. Bloor
Consultant Psychiatrist, City General Hospital Stoke-on-Trent ST4 6QG

The Mental Health Act Commission – Third Biennial Report 1987–1989 London: HMSO. 1989. Pp. 59.

This third Report, published and laid before Parliament as a statutory duty, reflects the work of the Commission over the last two years and is supplemental to the two previous reports. Written for a wide readership, it contains much of interest to psychiatrists.

In the period covered, an extensive review of the Commission's work has been undertaken under the leadership of its new Chairman, Louis Blom-Cooper QC, and Vice-Chairman, Professor Elaine Murphy.

An account is given of all major Commission activities including visits to hospitals and Social Services Departments, the investigation of complaints, the management of procedures under Part IV of the Act, and the withholding of patients' mail.

Inevitably, because of a remit with detained patients, the report deals extensively with Special Hospitals, Regional Secure Units and 'Difficult to Place Patients'. Delay in the transfer of patients from secure to less or non-secure units and the need for a 'network' of forensic services are noted.

The importance, for all patients, of aftercare and the availability of an adequate range of resources is stressed and for detained patients it is noted that arrangements should be jointly agreed between the Health and Social Services, and continued through a designated worker, until a joint decision is made that aftercare is no longer necessary.

When compulsory admission to hospital is required, collaboration between Health and Social Services is essential and should include, in the case of Section 136, agreed procedures and adequate training and understanding on the part of the Police.

The Judicial Review that excluded Goserelin from S57 and the use of Amygdalotomy, under that Section receive comment. For ECT and extended medication, procedures and problems under S58 are considered, including (i) the need for ward staff to explain and implement the relevant practices and (ii) the continuing difficulties, in some areas, of obtaining a 'third person' for the consultations. Attention is drawn to the duties of Health Authorities in making provision for compliance with this, as with any other part of the Act. The criteria for judging (in)capacity to consent are reviewed.

Those engaged in the care of the mentally handicapped and the elderly will find interest in the section on the problems of seeking consent to treatment in non-volitional informal patients and in the comments on the Appeal 'In re. F'.

Suggestions are made for the monitoring and care of black and ethnic minority groups. Other topics discussed include the care of detained patient in private residential and nursing homes, Guardianship, the management and nature of complaints to the Commission (about 25% of which refer to medical care or treatment), the elderly depressed patient, patients' monies, *de facto* detention, community treatment orders, seclusion and staff training.

When 'medical audit' is mostly regarded as a number crunching exercise, it is refreshing to find that this Report (like its predecessors) is based almost entirely on the experience of a concerned group of professional and lay persons who have spent a lot of time talking to individual detained patients. This is not necessarily to defend the Commission's difficulties in producing, let alone 'crunching' statistics. In both previous biennial reports reference has been made to 'doing better next time', but it is still not possible for example to relate the number of S58 consultations to populations at risk and numbers of detained patients so that comparisons between NHS Regions are impossible.

As an ex-Commissioner these can only be partisan views, but I would join with Stanislavsky in commending a critic who is "sane, calm, wise, and understanding" (Stanislavski, 1926) or at least tries to be!

G. E. Langley
Hanningfields, Kenton, Exeter, Devon

Reference

Stanislavski, C. (1926) *An Actor Prepares*. London: Eyre Methuen.

https://doi.org/10.1192/pb.14.7.441 Published online by Cambridge University Press