interest in human suffering appropriate to the specialty; it may also reflect the turmoil of psychiatrists in training. Whether this is a cause or a result of choosing a psychiatric career remains unclear. It would be interesting to compare these findings with trainees elsewhere or in other fields.

We are grateful to all those replying to the survey and hope that non-responders may be tempted to move on from literature they felt unable to admit to.

PAUL HARRISON
ALEXANDRA DAY

Littlemore Hospital, Oxford

Sir Charles Symonds

DEAR SIRS

I much enjoyed Sidney Crown's Proustian jaunt down Memory Lane (*Bulletin*, July 1988, **12**, 263–266) which, despite his protestations, is 'history', and most important history at that.

However, I think he has been a little unfair to Sir Charles Symonds. I had the privilege of working under Sir Charles for well nigh three years at RAF Central Medical Establishment, London, where he enjoyed the exalted rank of Air Vice Marshal. Initially, I agree, he did present as a cold intellectual; but this was a facade. He was in fact a shy man, the more one got to know him the more one was able to penetrate the facade and discover the very human being who lay beneath.

He was ever-loyal to his protégés, and up to the time of his death he would write to me in his own hand commenting about a paper or a letter I had published in the medical press.

HENRY R. ROLLIN

101 College Road
Epsom, Surrey

Information leaflets for patients

DEAR SIRS

I am writing to you on behalf of the Medication Working Party of Camberwell Health Authority's Mental Health Care Group. We are planning to research and develop information leaflets, (which are to be given to patients), on their psychotropic medication. We would like to hear from other groups of researchers involved in this field or those who are interested in this kind of development.

JANET CARRICK

Medication Working Party
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Code of Practice and compulsory admissions

DEAR SIRS

I wish to contribute to the debate on management of severe psychiatric disturbance under the 1983 Mental Health Act.

My colleagues and I continue to encounter ASWs who induce patients to acquiesce to informal admission. The ASW can do this with confidence if the necessary two doctors have already completed, or state their readiness to complete, recommendations for compulsory admission. When admission takes place in this way, ward staff experience considerable difficulty in establishing rapport with an informal, but reluctant, patient. In my experience, reassessment with a view to compulsory detention usually takes place at a later date, sometimes with an unnecessary crisis requiring the use of emergency holding powers and always with detriment to staff-patient relationships.

Both the 1985 Mental Health Act Commission Draft Code of Practice and the 1987 DHSS Code proscribed the use of coercion to induce a patient to acquiesce to informal admission by threats of compulsory admission if he does not comply (section 1.15.4 and paragraph 30 respectively). The DHSS Code went further; paragraph 28 observed that "although the patient may indicate willingness to be admitted informally, in a very few cases compulsory admission may still need to be considered under certain circumstances".

Both Codes invited a response. In response to the MHAC Code, the BMA supported the advice against coercion. The BMA also made the following suggestion about when the ASW does not wish to make an application despite medical recommendations (section 1.17.7): "The duty of the ASW to inform the nearest relative in writing when she/he does not agree to a compulsory admission should be extended to informing the doctor who made the initial request in writing."[1] This suggestion was not taken up in the DHSS Code.

In response to the DHSS Code, the College reiterated the BMA's suggestion, recommending that paragraph 41, should read, "the ASW should also provide his reasons **in writing** to the other professionals involved, discuss alternative courses of action and consider what continuing social work help may be needed by the patient and the family. **The social worker should make clear the relative's own rights to make an application.**"[2,3] (Bold print used in the original College response to indicate additions.)

The College also accepted paragraph 30 unaltered and recommended that paragraph 28 include an explanation of what should be regarded as "certain circumstances". One of the circumstances the College suggested covered the contingency of coercion.