quarter or a third of such 'emergencies'. This would not in any way invalidate Professor Russell Davis' point. He also observes that there are wide differences in the frequency between Regions and even Areas—in Area 1 of the S.W. Region 76 per cent, as against 20 per cent in Area 2. No doubt this depends upon geography and consultant availability, but Davis thinks the Section should be more explicit than merely referring to 'undesirable delay'. He also objects to the sudden imposition of a Section 26 merely to overcome the patient's objection to a treatment, and suggests that there is little evidence that withholding drug treatments which are objected to has led noticeably to deterioration in the patient.

Professor Gunn's paper is more comprehensive than the others since it deals with every Section of Part V admissions, and cannot be summarized. It is given greater weight by having the agreement of three experienced forensic psychiatrists, including Dr MacKeith, regional forensic psychiatrist for S.E. Thames. Psychopaths present a particular problem because they are never incompetent to consent to treatment but have diminished competence and responsibility, which is only recognized in the Homicide Act. The White Paper preserved the capacity to detain them, and even removed the age barrier of 21 for non-offenders. Professor Gunn suggests that they should be required to state their willingness to be treated; but in comparing this with the consent required in a psychiatric probation order he overlooks the fact that in the latter case the court retains jurisdiction and can impose imprisonment for a breach; in other cases the judge must commit irrevocably to doctors who he hopes share his view on the public interest. There are still very mixed views about whether restriction orders should be limited or unlimited in duration. MIND would like to see limitation to the sentence usually awarded, the Butler Committee suggested that all should be unlimited, and the White Paper wisely provided for both sorts. We found that limited orders definitely shortened the detention of subnormals, where criteria of improvement are so vague, but less so with the mentally ill. Since nowadays nearly all go to Special Hospitals, MIND has had its way, since hardly any have not committed offences carrying a life sentence.

Perhaps Professor Gunn's last point is the most important. The Mental Health Service is near to breaking down. In the last ten years there have been 15 major Inquiries into conditions bordering on the scandalous, largely due to staff demoralization as a result of inadequate finance and services, which a new Act will do nothing to remedy.

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**An Ordinary Life.** King Edward's Hospital Fund for London. March 1980. £1.00.

This publication is the result of a series of small workshops held in 1979 to explore how local residential services for the mentally handicapped might be further developed in Britain. Half of the Working Group of twelve are employed by the NHS, i.e. one doctor (a consultant in mental handicap), two nurses, and three psychologists.

The paper is based on three key principles which demand not only equal rights for the retarded but also (like Warnock) a right to additional resources. The duties of society corresponding to these rights are enlarged upon, and also the duty of the handicapped to behave within the limits of the law, but there is no mention of what happens when they do not.

What is envisaged is a separate, comprehensive community-based service with a range of facilities from the person's parental home to group homes for four to six people (clients is the word used) with residential staff. It is realized that occasional help from other services may be required and in this category are included local GPs and hospital (including specialist) services. There is a novel suggestion for dealing with clients when changes in dependency arise, e.g. 'A client who is at first very dependent may, as he or she gains new skills, need less time and attention from staff. A client who is fairly independent may go through a crisis in which he or she needs considerable support for a time'. To cope with situations like this it is recommended that, to avoid disruption, staff rather than clients should move from one home to another.

For the 85 per cent of mental defectives who are already in the community, and for some of the most able patients in hospital, the proposals could provide a great improvement in the services at present available. However, they are as unrealistic as the Jay Report in ignoring the severe nursing and behaviour problems which account for most of the admissions to hospitals nowadays, and which are included in Table 25 (VII, p 28) of the Jay Report.

The paper is deliberately unfinished as it is designed as a basis for discussion. To facilitate the creation of real services along the lines proposed, nine main questions are listed with suggested answers. One of the answers given is that there should be an insistence on distinguishing myth from reality. We hope that those who follow up the work of this study group will make every effort to do so.

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