as an RMO, I cannot see that, providing one exercises the ordinary social decencies, what difference it makes how one is attired, tie or no tie, pin stripe suit or jeans.

Within the limits of recognition of the seriousness of the situation in which the civil liberty of a person is at stake, and the maintenance of a disciplined structure, allowing each party adequately to state his or her case, I would favour from my two vantage points as informal procedure as possible. The more the President – who must set the tone of the proceedings – can reassure the patient and his or her relatives that the prime function of the Tribunal is to safeguard the welfare of the patient (and of course other persons) and that nobody is "on trial", the better it will be for all concerned. What one wears on these occasions is, I submit, a matter of supreme irrelevance.

Despite Dr Heaton-Ward's criticisms of RMOs who find difficulty in attending hearings because of pre-arranged out-patient or other appointments, as a busy RMO myself, I have great sympathy with them and it seems only reasonable for the Tribunal to allow a deputy to give evidence or require a relatively brief attendance. I do agree with Dr Hunter that the College should do all in its power to encourage a high standard of reporting to tribunals by RMOs, and I think that this would be best achieved in the long run by making attendance, and perhaps giving evidence at Tribunals, part of a junior doctor's training. What I find truly embarrassing as a medical member is to hear a RMO give evidence when he or she has not made an adequate examination of the patient.

J. J. BRADLEY

Whittington Hospital
London N19

Treatment of psychotic patients in prison

DEAR SIRS

Dr Herridge reminds us of a situation in the prisons which would be intolerable in a modern psychiatric unit and yet has become accepted as the norm in our prison hospitals (*Psychiatric Bulletin*, April 1989).

The Mental Health Act as an instrument for authorising treatment does not apply in the prisons; not even if the prisoner has been sectioned and is awaiting transfer to hospital. If the Act were to be altered and the provisions extended to cover the treatment of psychotic patients in prison then the Mental Health Act Commission would have to have access to the prison hospital.

Dr Herridge suggests a three day treatment order, presumably equivalent to Section 4; but that would preclude the giving of long-acting medication and also the adequate treatment of the deluded and potentially violent schizophrenic patient. There would have to be at least provision for a 28 day treatment order and the consequence of that would be the right to apply to a Mental Health Tribunal sitting in a large busy prison hospital, which makes the mind boggle.

The right way to proceed is by the use of common law and Section 48. I do common law certificates in our local prisons from time to time. I rely on the doctrine of necessity and the spirit of Section 62(d) of the Mental Health Act.

I would quote Larry Gostin who says, "the doctrine of necessity might be construed more liberally to embrace treatment or restraint administered in the course of an emergency. For example, a tranquilliser injected to calm a patient during a violent episode". I and the prison medical officers have yet to be sued for not acting in good faith.

Section 48 is the right way to proceed. Once the certificates are completed, it can be a phone-in procedure which will be arranged in a few hours with the Home Office. One needs a friendly forensic psychiatrist and an *unsilted* secure unit. The former are arranged by the forensic psychiatrists having weekly sessional commitments to the local prisons and the latter by the profession finally deciding about the nature of the residual psychiatric hospital, and its need to include a well thought out Unit for the treatment of process schizophrenia, perhaps at the supra district level.

Dr Herridge gives us food for thought. The HAS cannot be expected to visit the local doss house or wander around under the arches at night with Dr Weller; but it is surely time that the HAS accepted that their very important contributions would have greater credibility if they incorporated visits to the local prisons before putting pen to paper about the excellence, or otherwise, of local psychiatric services.

R. W. K. REEVES

Glenside Hospital
Blackberry Hill
Stapleton, Bristol

Reference

GOSTIN, L. (1983) *A Practical Guide to Mental Health Law*. London: MIND (National Association for Mental Health)

Escapes from Bedlam and lunar phase: failure to confirm the lunacy theory

DEAR SIRS

Despite an extensive confounding literature (Rotton & Kelly, 1985; Campbell & Beets, 1978), belief that