

patient in a hospital for medical treatment, power to authorise the offender's admission to and detention in such hospital as may be specified in the order. By Section 63(3) of the Act:

'A patient who is admitted to a hospital in pursuance of a hospital order . . . shall be treated for the purposes of Part IV of this Act . . . as if he had been so admitted . . . on the date of the order in pursuance of an application for admission for treatment . . . duly made under the said Part IV.'

with certain exceptions not presently relevant. It is true that the latter half of Section 63(3) provides that 'the provisions of the said Part IV specified in the first column of the Third Schedule to this Act shall apply in relation to him subject to the exceptions and modifications set out in the second column of that Schedule and the remaining provisions of the said Part IV shall not apply'; and that Section 26 is not in the first column of the Third Schedule. But that is immaterial since Section 60, the operative Section, enacts in the case of offenders the material provisions, *mutatis mutandis*, of Section 26.

17. If anything, I find support for my views on the proper construction of Section 26 in the existence of Section 60. It would be palpably absurd for an order under Section 60 not to authorise treatment. In my view it does authorise treatment as does Section 26 by

using the same wording. Similar wording ('which warrants the detention of the patient in a hospital for medical treatment') is also used in Section 72 which gives the Secretary of State power to remove to hospital persons already serving sentences of imprisonment, and, by reference back to Section 72, in Section 73 which gives similar powers in respect of persons on remand.

18. Nothing that I have said in this Advice must be interpreted as detracting from the practical advisability of securing consent in every case where it can be obtained.

19. That the law should appear unclear on so important a topic as this is wholly undesirable. It is plain from the circumstances in which I am asked to give this Advice that there are two different views that can validly be held as to whether compulsory treatment is authorized by the Act, and that until a Court is called upon to pronounce which view is the 'correct' one the differences cannot be authoritatively resolved. In those circumstances any pressure that the Royal College can bring to bear upon the Administration to clarify the law is much to be welcomed.

C. S. C. S. CLARKE

PSYCHIATRIC NURSING

The Nursing Sub-Committee of the Education Committee would like to thank all those who have completed the questionnaire, sent out with the programme for the Autumn Quarterly Meeting in November 1978, on the information available to psychiatrists about GNC inspectors' visits and about the nurse-training in psychiatry in the hospitals or units in which they work. In particular, the Sub-Committee is grateful to those who took the trouble to

supply additional information in covering letters. This was most helpful, and when the replies have been evaluated it is hoped to publish the information. In the meantime the Sub-Committee would be glad to hear from those who have not yet replied—as soon as possible, please.

C. P. SEAGER
Chairman, Nursing Sub-Committee