

been known for some time that the plasma cortisol fluctuates widely and only a series of samples taken every 15 minutes or so can answer this question. A single sample is useless. Much better here to have made a purely clinical study of sleep deprivation. Other people have inquired into the attitudes of patients to being compulsorily detained, or to being interviewed in public, but they haven't got a big enough sample, or a random sample, or they've only studied the work of *one* clinical team. With better preparation and little more active work, they could have done much better.

The College Research Committee sees part of its function as helping people to undertake research, particularly those in non-teaching hospitals who see such a volume of clinical problems. It has been

wondering whether to set up a sort of advisory service to which isolated members could appeal for advice about their research plans, their reading, and their introduction to other workers in the field, particularly those in neighbouring academic centres who might be willing to discuss aspects of a project. It wonders whether a system of regional research tutors, analogous to the clinical tutors, would be helpful, or whether the advisory service should be simply from Belgrave Square. It has sent out a letter of inquiry about all this to Divisional Secretaries, but would be glad to hear directly, or through a letter to the *Bulletin* what any member thinks might help. What would make it easier for people to conduct good inquiries in the course of their NHS work?

JOHN L. CRAMMER

REPORTS AND PAMPHLETS

Report of a Symposium on Chronic Mental Illness. The DHSS Worcester Development Project symposium held at Worcester on 5 October, 1978.

The Report contains talks by Professors John Wing and Eric Sainsbury, by Dr Christine Hassall of the Worcester Development Project Evaluation Team, University of Birmingham, and by three local contributors. There are reports from six discussion groups and an Appendix (B) by the Mental Health Division of the DHSS carrying a background note on the Worcester Development Project.

The foreword poses practical and theoretical questions for discussion, and Dr P. Mason tries further to refine the problem by identifying five basic questions for consideration.

Wing discusses alternative facilities, pointing out that hostels, group homes and day centres do not cater for the most severely disabled and that daytime occupation is a major problem for the substantial group who will spend most of their time outside hospital but will still require a high degree of continuous or intermittent care which is not at present provided. In discussion, he 'readily admitted' that there is no ideal method of deciding the type of care most appropriate in any particular case.

Professor Sainsbury talked of difficulties with mental health work as being related to lack of resources, to poor professional relationships, to low departmental priority leading to shortage of time and to inadequate skills. Although the aims and objectives of social policy are agreed, this 'agreement exists sometimes more in the expression of good intentions than within the activities of day-to-day practise'.

Dr Hassall presented a description of long-term patients from the Worcester Case Register. She did not consider the 'old long-stay patients' nor those with 'cumulative chronicity', i.e. those who have not spent more than 12 months continuously in one service but who may have several contacts of short duration within a like period.

Dr Hall presented 'the conception, gestation and imminent birth of the Worcester Development Project' as an unproven experiment. He was 'not too displeased that Powick will continue to exist' saying that the only way in which the Worcester Development Project approach is unique is in 'our almost total rejection of long-term institutional care of any kind'. Chronic patients of the 1980s may be different from those of the past, and the environment to which they are discharged may be more institutional than hospital. He spoke of the possibly intolerable burden on relatives imposed by 'an unduly partisan community-based service'.

Mr R. Wix introduced the nurses' view, enumerating the components necessary for comprehensive health district service.

Mrs Jaynes of an Area Social Services Department described a small group who made the transition from hospital care to community care and pointed out how limited community services are at night, at week-ends and at holiday times.

The groups discussed various topics, e.g. day hospitals and day centres (no difference in their clientele), domiciliary care and family support (more help for relatives from general practitioners, crisis intervention teams), the problem of drifters (more research) and voluntary organizations ('there is indeed

a varied role'). Group E discussed the 'old long-stay' and present and future problems of running down a mental hospital. It posed the problems of staff morale, of patient treatment and of building closure and suggested points requiring special consideration.

The note from the DHSS summarizing the aims and conclusions of the Symposium claims that 'the complex network of domiciliary, out-patient, day and residential services required to provide the high level of care that is often needed ... is now almost complete' in the Project area. There is, in fact, little evidence that this is so. Appendix B describes the Kidderminster DGH Unit (opened July, 1978), Worcester and Malvern local authority day centres (opened in January, 1977) and a local authority short-stay hostel (opened in August, 1976). The Worcester DGH Unit is described as 'opened in December, 1978', although the Symposium took place in

October, 1978. No other completed schemes are described, so that the statement that a 'complex network' is 'almost complete' is not borne out by this Symposium. The physical components are still largely lacking. The problems of intra-professional and inter-professional relationships are scarcely mentioned, let alone discussed. The problems of the run-down of the mental hospital are acknowledged by clichés without any indication that the problem has been solved or even adequately thought through.

In all, apparently a poor return for 11 years work and for a vast expenditure of money. 'We deal with poverty rather better than we used to. I guess that in Worcester the same could soon apply to chronicity' says Professor Trethowan in his closing remarks. I hope that he is right, but the evidence presented in this Symposium does not justify such optimism.

DONAL F. EARLY.

NEWS ITEMS

THE JUDITH BASKIN OFFER PRIZE

The Chicago Institute for Psychoanalysis will be awarding the next Judith Baskin Offer Prize (of \$500) for an original paper on the psychology of adolescence early in 1981. Papers submitted *must be postmarked no later than 31 December, 1980*. The winner of the first Judith Baskin Offer Prize was Dr Peter Alan Olsson. Further details are available from Dr G. H. Pollock, Institute of Psychoanalysis, 180 N. Michigan Ave., Chicago, Illinois 60601.

TRANSCULTURAL PSYCHIATRY SOCIETY (UK)

Following the third workshop on Transcultural Aspects of Psychiatric Services held at Bradford in April 1979, the 'Transcultural Psychiatry Society (UK)' was formed. The Society aims to increase an awareness of and understanding of those interactions between culture and psychiatry which are relevant to

clinical services, teaching and research. This interaction may be biological, psychological or sociological. The Committee consists of eight members and is chaired by Dr Philip Rack. For membership apply to the Secretary, Dr H. N. Ghadiali, Ingrebourne Centre, St George's Hospital, Hornchurch, Essex.

PAPERS FOR THE COLLEGE QUARTERLY MEETINGS

The Committee would be pleased to receive offers of papers for the College Meetings to be held in 1980 on 5 and 6 February (London); 6 and 7 May (Broadmoor); 8 to 11 July (London) and 20 and 21 November (London). It would be helpful if short abstracts were available to facilitate selection of suitable papers. I would be pleased to discuss any queries with those interested. Tel: 01-703-0898, Ext 6016.

GRAHAM LUCAS

Honorary Secretary, Programmes and Meetings Committee

FORTHCOMING EVENTS

A one day MIND Conference entitled 'Mental Health and Meditation' will be held on 1 December at Thomas Coram Centre, London WC1. An introductory paper will be read by Dr Michael West. Details and application forms are available from Charles Patmore, MIND, 22 Harley Street, London W1. Tel: 01-637-0741.

The next workshop on Transcultural Aspects of Psychiatric Services will be held on 24 and 25 November, 1979 at St Bartholomews Hospital. Those who are interested and would like to read a paper should contact Dr H. N. Ghadiali, (address: see News Items).