

hospital. The prisoner's solicitor may also get a second opinion at this stage. The prison medical officer will invite the appropriate consultant to see the prisoner and if there is any disagreement will call a meeting involving the doctors, the nursing staff and the probation service. What the doctors and nurses at open door hospitals require is support and back-up. Nursing staff can work miracles of therapy when given difficult patients, providing they know that if the situation becomes too tense or dangerous the patient will be removed to a greater degree of security. So it may well be that the prisoner receives a sentence and the court is told that he will be transferred to the local hospital under the provisions of Section 72 when he is well enough; he can be withdrawn to prison immediately should he cease to cooperate. Or a Probation Order may be made with a condition of psychiatric treatment and the Probation Officer agreeing to bring breach proceedings if the hospital decides that the patient should return to court (and perhaps prison) for reappraisal. It may be that a bed in a Special Hospital could be sought—vacancies would be available as the consultants from the Special Hospitals would have transferred a proportion of their patients to open forensic psychiatric units on the understanding that they would be prepared to accept them back immediately within a few hours should this be necessary. Very violent incidents in the open-door hospitals would be resolved by the arrival of the police and the patient being sent to the local Remand Centre via the court. The situation would be reassessed and he then might be returned to the open-door situation, welcomed, it is to be hoped, by the nursing staff who would feel that they had been adequately supported in a crisis.

To some extent what I have described already happens. The missing links are the specialized open forensic units and an adequate number of psychiatrists who wish to make a career in the prison service. Recently, however, an open forensic unit has been opened at Knowle Hospital, and perhaps if it becomes apparent that Regional security units will not be the order of the day more psychiatrists will feel that they can pursue a worthwhile and fascinating career within the Prison Service.

In the November issue of *The Bulletin*, Dr Paul Bowden stated (p 15) that the forensic developments envisaged by Glancy and Butler were 'obviously unacceptable to the majority of psychiatrists'. If this is the case, perhaps it is time the majority of psychiatrists stood up to be counted.

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R. W. K. REEVES

## IS IT CRICKET?

DEAR SIR,

It was very useful to read of Ezra the Scribe's experiences with the Multi-Disciplinary Cricket Management Committee (*Bulletin*, Nov. 1977, p 12) as we have for some time been trying to arrange a match in this area with the local Social Services Department. We have, of course, had the usual problems common to all areas, in that some of our fielders are not only in the pay of the captain of the opposite team, but seem unsure as to who should be telling them whereabouts in the field they should be standing.

There have been other difficulties, such as on whose ground the match should take place, whose set of rules we should be playing to and even about the composition of the two teams. Some of the less important players on each side have wondered why in fact we do not dispense with the match altogether and try to form a joint team, but the problem then would be where would we find any opposition? The only other team so far suggested is a team of psychiatric patients, but some leading members of both teams show a marked dislike of having any contact with mentally ill people, so this does not seem possible, at least for the time being.

Like Ezra, we have had advice from a lot of people about this, including the principal clinical psychologist who, also like the Scribe's, had no knowledge of cricket, but felt that she could give a great deal of well-meaning but irrelevant advice. She has, however, now given up the struggle and has gone away to advise a University cricket team. There has also been a problem with the captain of the other side who seems to require a large number of other people to communicate his instructions to the members of his team, in fact so much so that the number of his side has been increased from 11 to 311 to cope with this. This does not worry us too much as it appears that despite this very large team the number actually batting and bowling is less than it was before. It also seems that the local Community Cricketer (Social Services Liaison) became rather upset because he felt that his role in making the arrangements had not been fully recognized, but this perhaps does not matter as nobody, including himself, ever really knew which side he was on. All of these problems, together with the theoretical question of what would happen if a cricket social worker and a cricket community nurse found themselves fielding in the same place, caused so much difficulty and disagreement that I am afraid the whole matter had to be considered by the Joint Cricket Planning Team, none of the members of which actually play cricket, but it is said that one

or two of them did turn their arm over occasionally many years ago.

One of Ezra's problems that we have not had is the difficulty in obtaining team teas; in fact a very large number of teas, and lunches too, have already been consumed and we have not so far got anywhere near actually playing a game. All of the refreshments have been provided by the hospital team.

Even as I write, I have heard that a cricket

management technique thought to be obsolete is being used as a last desperate step to get the match going. I hesitate to tell you about it as if some of the players get to hear of it they may refuse to play, but it may be that the two captains will get together over a few pints of beer to sort the whole matter out.

My role in the whole business is just a matter of recording the events as I am only . . .

A SCORER

## FORTHCOMING EVENTS

### **Psychiatric Post-Graduate Centre, Morgannwg Hospital**

The Spring Term of lectures, tutorials and clinical demonstrations in psychological medicine and allied subjects commenced on 20 January and continues until 17 March, each Friday between 10.15 am and 7.30 pm. The course is recognized under Section 63 of the Health Service and Public Health Act, 1968. Details on application to Dr Marshall W. Annear, Clinical Tutor and Postgraduate Organizer in Psychiatry, Morgannwg Hospital, Bridgend, Mid Glamorgan CF31 4LN, Wales.

### **Fourth International Conference on Alcoholism and Drug Dependence**

The Fourth International Conference on Alcoholism and Drug Dependence will be held in Liverpool from 9-14 April. Information from Merseyside Lancashire and Cheshire Council on Alcoholism, The Temple, Dale Street, Liverpool L2 5RU.

### **Postgraduate Course on Behavioural Psychotherapy**

This non-residential three-day course for psychiatrists, clinical psychologists and social workers with a minimum of two years' clinical experience will be held at the Institute of Psychiatry, The Maudsley Hospital, London SE5 8AF, on 15-17 May 1978. The course will be run by Dr M. Crowe and Dr I. M. Marks, and will involve lectures, seminars and videotape demonstrations of the principles and practice of behavioural psychotherapy in adult patients with neurotic, marital and sexual problems. Fee £38; the number of places will be limited. Applications, together with curriculum vitae stating degrees and experience, to Dr Marks at the above address.

### **Institute of Obstetrics and Gynaecology**

A symposium on 'Mental Illness in Pregnancy and the Puerperium' will be held at Queen Charlotte's Maternity Hospital, London, on 2 March. Fee £15. Further details and registration forms from the Symposium Secretary, Institute of Obstetrics and Gynaecology, Queen Charlotte's Maternity Hospital, Goldhawk Road, London W6 0XG.

### **Inter Clinic Conference, 1978**

The next Inter Clinic Conference will be held on Monday and Tuesday, 17 and 18 April, at the Institute of Education, Bedford Way, London, W.C.1. The title is 'The Next 50 Years' and the theme 'The future of the inter-disciplinary approach to child guidance and child psychiatry'. The Conference is organized by a Management Committee representative of eleven professional and special interest groups concerned with psychiatry, psychology, social work and education, including the Royal College of Psychiatrists. Application forms obtainable from the Conference Organizer, 25 Stratford Road, London W8 6RU (Telephone 01-937 8325). Please enclose s.a.e. with written requests for information.

### **Third International Congress on Rehabilitation in Psychiatry**

The Third International Congress on Rehabilitation in Psychiatry will be held in Örebro, Sweden, from 11-15 September. Details from Siegfried Rost, M.D., Psychiatric Rehabilitation Department, Regional Hospital 700 04, Örebro 4, Sweden. Those wishing to present papers are requested to submit abstracts by 31 March.