

prison inspectorate, separate from the Prison Department, but still reporting to the Home Secretary. The second principle of the reorganization is the strengthening of management. The regional management structure has been slimmed down, and regional directors are now in a clear line of authority from the central office. Regional directors also become members of the Prisons Board. In addition the Board now has two non-executive members from industry. None of this, of course, affects the biggest difficulty facing the prisons, the seemingly inexorable rise in population, which reached a peak figure of 44,626 in March 1980. Perhaps it is not unrelated that 1980 also saw the worst industrial dispute in the history of the prisons.

Time will tell whether the new-look Prisons Department is going to bring fundamental improvements or whether it is mere window dressing. What is quite clear, however, is that whilst there is determination on the Home Secretary's part to strengthen his hand over the day-to-day running of the prisons, there is no way in which he can alter the catastrophically high level of the inmate population. This question requires more detailed examination within the whole of the Cabinet and needs the fullest co-operation from the judiciary and the magistracy. In spite of the near-disaster which the penal system suffered at the end of 1980 there seems no willingness on the part of this, or any other, Government to tackle the real issue.

This year the Health and Medical Services chapter is brief, and the familiar complaint about the numbers of mentally abnormal offenders in prison is absent. However, the Home Secretary, in his Parliamentary statement on the May Com-

mittee report on 30 April 1980 said 'The mentally disordered offender presents particularly difficult problems. My Right Honourable Friend, the Secretary of State of Social Services, and I accept that it is undesirable to detain in prison persons whose mental disorder permits them to be detained in hospital under the Mental Health Act. We shall continue our efforts to have such persons transferred to hospitals with the appropriate levels of security. My Right Honourable Friend will continue to give priority to the establishment of regional secure units.' Within the medical report there is a hint that the new policy of putting up more cases for transfer under Section 72 of the Act is beginning to work. 'There is a slight increase again this year in the number of reports submitted recommending transfer to psychiatric hospital ... and in transfers actually effected.' All the medical statistics have been banished to an Appendix, although there is a discussion in the text about self-injury and suicide within prisons. It is strangely reassuring that in spite of the increase in overcrowding, and the major industrial dispute of 1980 there was no increase in either self-injury or suicide. A final footnote to the statistics, which may tell us as much about changing attitudes and staffing among prison doctors as about prison populations, is the decline in the number of EEGs undertaken (577 as opposed to 700 in 1979) and in the number of ECTs administered (27 as opposed to 34 in 1979).

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Forthcoming Events

The **Society of Clinical Psychiatrists** will be holding an open meeting at Rampton Hospital on 9 March 1982. The theme of the meeting will be the need or otherwise for compulsory detention. Information: Honorary Secretary, Dr M. T. Haslam, Clifton Hospital, York YO3 6RD.

The **Second Annual Springfield Lecture** on 'Social factors and the aetiology of depressive disorders: A Comparison of an urban and a rural population' will be given by Professor George Brown, Bedford College, London at the Postgraduate Medical Centre, St Richard's Hospital, Chichester on 26 March 1982. Information: Dr K. A. O'Keefe, Graylingwell Hospital, Chichester, West Sussex PO19 4PQ.

A two-day workshop on **basic committee and management skills for senior trainees in psychiatry** will be held at the Institute of Psychiatry on 18 and 19 February 1982. The programme covers skills related to effective communication, interdisciplinary teamwork, basics of committee practice and the structure of Health Service administration. The workshop is sponsored by the British Postgraduate

Medical Federation and is approved for study leave and expenses. Course fee £25. Information: Dr Helena Waters, Institute of Psychiatry, De Crespigny Park, London SE5 8AF or Dr Peter Hill, St George's Hospital, London SW17.

A **one-day symposium on schizophrenia** will be held at the Cripps Postgraduate Medical Centre, Northampton General Hospital on 17 February 1982. Information: Dr Harish Gadhvi, St Crispin Hospital, Duston, Northampton NN5 6UN.

The **Biennial Experimental Group Psychotherapy Workshop** (non-residential) on the theme of 'Self—the reflected image: Encounter and self-discovery within groups' will be held at the Postgraduate Centre, South Academic Block, Southampton General Hospital from 24 March to 26 March 1982. Information: Dr Pamela Ashurst, Department of Psychotherapy, Royal South Hants Hospital, Graham Road, Southampton SO9 4PE.

Printed in Great Britain by Headley Brothers Ltd The Invicta Press Ashford Kent and London