guiding learned and lay people by universalising the consultancy as one in old age psychiatry. Clearly with the sub-specialism now being recognised as such there is a need for uniformity.

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DEAR SIRS

I agree. The *specialty* (not subspecialty) is Old Age Psychiatry. Colleagues are encouraged to use this designation and to ask their employing authorities to do the same. They are also asked to collect data to reflect their work under the heading OAP!

DAVID JOLLEY

Chairman
Section for the Psychiatry of Old Age

Psychiatric court reports

DEAR SIRS

In Hong Kong, I share the opinion of Dr Azuonye (*Psychiatric Bulletin*, 1991, **15**, 576). Similar difficulties are encountered by local forensic psychiatrists in the preparation of court reports.

For more serious cases heard in the District Court or the High Court, there is usually a 'Summary of Facts' prepared by the Prosecution which describes the circumstances of the offence. Witnesses' statements can be traced if necessary. However, most of the cases are heard in the Magistrates Court and this is where the problem lies. The criminal history and sometimes the brief facts of the case, which are prepared by the police, are often not available before the scheduled court hearing date. In such cases, the police are reminded by phone calls and letters. I have occasionally written to the Magistrate direct stating the reason of delayed provision of psychiatric reports.

I agree with Dr Campbell (*Psychiatric Bulletin*, 1991, **15**, 576–577) that persistence is required in obtaining useful information from other parties. However, our persistence should not be limited to individual cases; it should be consistent in our daily practice to avoid preparation of misinformed reports. The legal profession and the police should be made aware that undue adjournment of the hearing because of insufficient information supplied to the psychiatrists is both unfair and anxiety provoking to the defendants.

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The psychiatric liaison schemes to magistrates' courts

DEAR SIRS

In Home Office Circular 66/90 on provision for mentally disordered offenders, several schemes for psychiatric liaison to magistrates' courts were described as examples of good practice. We have been running a similar scheme at Clerkenwell Magistrates' for the last 18 months and have published some of our findings (James & Hamilton, 1991). We hear rumour of many similar schemes being planned or initiated in other parts of the country.

The joint Home Office/Department of Health Review into this area is gathering information from many quarters and is due to report in mid-1992. But as yet, there is no central co-ordination or register of court liaison initiatives, and no forum in which to share or compare experience. We wish to collect details of all court liaison initiatives in order to rectify this situation, and would be very grateful if all those who participate in, or have knowledge of such schemes, would write to us with details.

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Reference

JAMES, D. V. & HAMILTON, L. W. (1991) The Clerkenwell Scheme: assessing efficacy and cost of the psychiatric liaison service to a magistrates' court. *British Medical Journal*, **303**, 282–285.

Lack of information on prison visits

DEAR SIRS

I have been struck for many years by the lack of background information in the prison medical records when visiting prisoners on remand to prepare psychiatric reports. The situation came to a head when on one visit, the only information in the prison medical notes was ? GBH ? Murder!

A barrister friend advised me to write to the Lord Chief Justice, Lord Lane, which I did in November 1989. With apologies for the delay, I have just received a most helpful response, which I think is of general interest.

I received a copy of a letter from Sir Allan Green, former Director of Public Prosecutions, to Lord Lane, which reads as follows.

> "You may recall that you wrote to me on 21 November 1989 enclosing correspondence from Dr Richard Lucas about the lack of information available to doctors who are asked to prepare psychiatric reports on prisoners remanded in custody.

In my reply of 22 January 1990, I informed you that I would raise this matter with the Justices' Clerks' Society (JCS), with a view to securing an improvement to the current system. I did so, and the JCS considered alternative ways of taking the matter forward.

I recently learned that Mr Heath, the Honorary Secretary of the JCS, arranged for the following entry to be inserted into the December 1990 issue of the Society's bulletin:

'Council has received complaints from the prison medical authorities that in many cases where defendants are remanded in custody for the preparation of psychiatric reports, the remanding court fails to forward a statement of the reasons why the court has sought such a report. This failure to complete the statement required by section 30 of the Magistrates Courts Act 1980, and rule 24 of the Magistrates' Courts' Rules 1981, deprives the medical staff of essential background information and may contribute to delays in reports being prepared. An example of the statement which should accompany all requests for psychiatric reports is to be found on page 7272 of the current (i.e. 1990) edition of Stone's Justices' Manual.'

I enclose a copy of the entry in the current edition of Stone. I am very sorry that this matter has taken some time to resolve."

The relevant enclosed entry from Stone's manual was as follows

"(a) On exercising the power conferred by section 30 of the Magistrates' Courts Act 1980 by remanding the accused in custody, the court is required, by Rule 24 of the Magistrates' Courts Rules 1981, in Part 1: Magistrates' Courts; Procedure, ante, to send to the institution to which he is committed a statement of the reasons why the court is of opinion that an inquiry ought to be made into his physical or mental condition and of any information before the court about his physical or mental condition. Home Office Circulars Nos 113/1973 and 1/1975 recommend that the following form should be used for this purpose –

Remands in custody under Magistrates' Courts Act 1980, as 10(3) and 30.

Statement of reasons for medical enquiry (Rule 24)

Name of defendant .....

Court..... Date .....

Offence.....

Section under which remand is ordered .....

.....

Dear Sir,

This defendant has been remanded for a medical report. To assist the Medical Officer I give below the information available.

1. Type of report (e.g. on physical or mental condition or suitability for particular treatment).
2. Reasons which led the Court to request the report.
3. Previous medical history of offender and family history, so far as known.*
4. Particulars of circumstances of offence (including, if the offender is of no fixed abode, the place where it was committed, is known).
5. Previous conduct, including previous convictions if known*
6. Address and home circumstances of offender*
7. Name and station of police officer concerned with case
8. Name and telephone number of any probation officer appointed to or having knowledge of the case.

It would be helpful to the court if your report could indicate –

a. whether the defendant suffers from any form of mental disorder, if so:
b. whether he is in need of or capable of gaining benefit from treatment, if so –
c. where and by whom this treatment can be given,
d. whether it should be as an in-patient or out-patient and
e. prognosis where possible.

Yours faithfully,

The Governor,
HM Prison

*Where the required information can best be conveyed by attaching a copy of a report or statement in the court's possession, all that need be entered here is "See attached ...".

It is therefore clear that the Clerk to the Justices Court has a statutory duty to supply the Governor of the Prison with a full background report. Each time we visit a prisoner to prepare a psychiatric report and the background information is lacking, we should notify the Prison Governor to remedy the defect. Only by persistently drawing attention to the lapse, can we hope to facilitate an improvement.

I also would suggest that the College send a formal letter to all Prison Governors reminding them of the need to ensure that Section 30 of the Magistrates Courts rule 1981 is carried out in practice.

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Observation areas: an alternative to seclusion

DEAR SIRS

All psychiatrists are familiar with the problems presented by managing the severely disturbed patient. Beside the danger the patient may present to himself or others; there is the additional problem of the disruption such a patient can effect upon the ward as a whole. Traditionally, the psychiatrist has two possible remedies; the use of heavy sedation and/or the placement of the patient in seclusion. The use of seclusion is a controversial practice and may be subject to excessive use.

On a recent visit to Stockton Hall Hospital, York, I noted the creation of an 'observation area', as an alternative to seclusion. The 'observation area', comprised several spacious rooms, furnished, with access to television etc., where a disturbed patient could be supervised by several nursing staff, in isolation from