> is not whether the applicant has established a *prima facie* case or even whether there is a serious issue to be tried, although that comes close to it. The issue is whether, on the materials immediately available to the court, which of course can include material furnished by the proposed defendant, the applicant's complaint appears to be such that it deserves the full investigation which will be possible if the intended applicant is allowed to proceed (p. 102).

Conclusions

What, then, are the conclusions?

(1) S.139 gives certain protection in relation to any act performed in relation to a detained patient, so that the patient will have to obtain the leave of the court to proceed against an individual. No leave is required to pursue an action against a Health Authority or the Secretary of State.
(2) S.139 gives certain protection in relation to any act performed in relation to an informal patient under the Act.
(3) 95% of all patients are informal and they probably do not therefore have to seek the leave of the Court to proceed unless they are complaining about an action taken under the Act or statutory regulations.
(4) Patients who are being treated for physical disorders do not have to seek the leave of the Court to institute legal proceedings.
(5) No leave is required to bring an action for an order of *certiorari*.
(6) In seeking leave to proceed the applicant does not have to show substantial ground or even a *prima facie* case of bad faith or want of reasonable care.
(7) Want of reasonable care and bad faith are comparable to the failure to follow the approved standard of care used in the civil courts to determine the existence of negligence.
(8) Any defendant to a civil action can seek an Order under RSC 18 r19 to have the case struck out.
(9) A defendant in a criminal case can have his case rejected by the Examining Justices when committal proceedings are held.

My conclusion is that in view of the protection that the defendant already enjoys, the weakening of S.141(2) and the small number of patients covered by S.139(2), there is no longer any justification for the applicant to face this hurdle and S.139(2) could be repealed without undue hardship to the staff.

Leave is not required under S.139 to bring an action against the Health Authority and possibly the time has now come when it should no longer be required to bring an action against an individual.

A Tribute to Sir Martin Roth

On 19 June, 1987 the North-East Division of the College combined with the Newcastle University Department of Psychiatry to pay a conference tribute to Professor Sir Martin Roth as he approaches his 70th birthday. The Teaching Centre of the Freeman Hospital, Newcastle was an appropriate setting for such an event for Sir Martin spent 21 years as Professor of Psychiatry in Newcastle and the large attendance indicated the affection he still evokes there 10 years after his departure to Cambridge. Several generations of former colleagues spanning the past 30 years were present and the eminent positions they had reached in psychiatry, both at home and overseas, demonstrated what an intellectual power-house this small provincial department became under Sir Martin's direction.

The scientific programme encompassed many of Sir Martin's particular interests, including The Classification of Anxiety Disorders (Professor Sydney Brandon), Depression in Childhood (Professor Issy Kolvin), Criminal Behaviour in the Elderly (Professor Steve Hucker), The Normal Aged (Dr Klaus Bergmann) and Clinico-Pathological Correlates of Dementia (Dr Garry Blessed). In a witty and erudite contribution Professor David Shaw, Dean of the Newcastle Medical School, himself a Professor of Neurology, reminded us that Sir Martin had begun his career in neurology and quoted with approval from his early neurological publications in which can be discerned the nucleus of many of his subsequent preoccupations.

As a prelude to Sir Martin's own presentation, three brief vignettes on pre-Newcastle Days (Professor David Kay), Newcastle Experiences (Dr Kurt Schapira) and The Cambridge Contribution (Dr Chris Mountjoy) reviewed Sir Martin's career in a not too solemn fashion. Sir Martin then enthralled the audience with a typical Rothian polemic, ostensibly about DSM-III but covering almost the whole of psychiatry, including the latest molecular findings in Alzheimer's disease.

The conference ended with a tremendous ovation as Dr Sasi Mahapatra, Chairman of the North-East Division, presented a memento from members of the Division to Sir Martin. There was, however, more to come as later that evening over 100 people attended a banquet in honour of Sir Martin and Lady Roth at which the fund of humorous anecdotes so deftly delivered by Kurt Schapira in his toast was only exceeded by Sir Martin's own inimitable performance. It was the potent brew of nostalgia, humour, warmth and intellectual brilliance, rather than the excellent wine, that sent us homeward with a feeling of intoxication.

Sir Martin Roth is a phenomenon of British psychiatry and after a day devoted to his phenomenology it is pleasing to report that he shows no sign of flagging and is likely to be still going strong on his 80th birthday.

KENNETH DAVISON