insistence on "continuity of tutor" made for a somewhat arbitrary definition of this form of teaching. If this special criterion is considered inessential to the central purpose of the seminar, a number of other teaching sessions deserve mention. These would include the case demonstrations, specially planned ward rounds and out-patient sessions organized for fourth year undergraduate students, all of which are so structured as to make them an effective means of teaching small groups of three to four students about the practical and theoretical aspects of clinical psychiatry. There is in addition a weekly seminar held for students by a succession of senior tutors. Each student therefore receives, in the fourth year of our training programme, 21 seminars over and above those mentioned in the paper by Carstairs, Walton, Smythies and Crisp, and approximately 35 hours are devoted to this form of teaching.

At the present stage there is perhaps something to be said for descriptions of educational activities to be couched in broad terms. The alternative is to conform to dictionary definitions. In the *Shorter Oxford English Dictionary* "seminar" is defined as follows: "In German Universities (hence in certain British and American Universities) a select group of advanced students associated for advanced study and original research under the guidance of a Professor." Insistence on this would be pedantic, although it would make for consistency in usage. It would also exclude most of the teaching sessions described as seminars in the report.

2. Postgraduate Education

In addition to the course for the D.P.M. mentioned in the Memorandum on the Regional Organization of Postgraduate Education in Psychiatry, there are a considerable number of activities open to those training in psychiatry and to general practitioners in this Region. Weekly clinical conferences are held in rotation between the Royal Victoria Infirmary, the Newcastle General Hospital and St. Nicholas Hospital. Weekly conferences are also held in the separate hospitals and in the Nuffield Child Psychiatry Unit. A recent development is a special postgraduate conference at St. Nicholas Hospital, linked with the teaching programme of the University Department, with a varying format of seminars, clinical conferences or lectures. In term time there is a Journal Club on most Fridays at which eminent speakers from other centres or local speakers present papers that usually deal with the results of recent scientific inquiries or innovations in clinical practice. In addition teaching ward rounds are conducted by Consultants at the Newcastle General Hospital.

The surveys in the November issue would doubtless be regarded as an authoritative record of the contribution of Psychiatric Departments to undergraduate and postgraduate medical education and it is in order to set the records straight, and to provide more detailed and precise information for those who might be engaged in the process of selecting a centre that suits their particular needs, that I have written this letter. As far as undergraduate medical education is concerned I should perhaps add that Newcastle has, since 1962, enjoyed the advantages of a modern curriculum in which considerable integration of the pre-clinical and clinical teaching and of the different clinical disciplines, including psychiatry, has been achieved.

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DEAR SIR,

In the very informative R.M.P.A. Memorandum on Regional Organization of Postgraduate Education in Psychiatry there are one or two factual errors with regard to the S. W. Metroplitan Region. The report says that trainees from this Region have looked and still look to the Maudsley Hospital and Institute of Psychiatry for training in psychiatry, psychology, neuro-anatomy, etc. In psychology at least this is not so. The present writer ran a course in psychology for the D.P.M. from 1946 to 1959 at Belmont, and since 1948 Dr. J. P. S. Robertson has done so at Netherne Hospital. In 1960, the Regional Committee of Senior Psychologists of the S.W. Metropolitan Region (now Heads of Psychology Departments Committee) organized a D.P.M. Psychology Course, and this was accepted as a Regional Course by the R.H.B. Two courses per year have been organized since then until Clinical Tutors for the Epsom Region were appointed two years ago. Since then the H.O.D. has co-operated with the tutors for D.P.M. Part I. Most psychiatric trainees for the last twenty years have attended these courses. This is not to minimize the contributions of the Maudsley Hospital and the Institute of Psychiatry at a national level as well as to our Region; however, psychologists in the Region and many psychiatrists feel that the S.W. Metropolitan Region does make its special contribution to both teaching theory and practice. This has been the case in psychology for the D.P.M. and is certainly so for Clinical Psychology.

Incidentally, the Chairman of the Heads of

Psychology Departments Committee is a member of the committee which advises the tutors in the Epsom area, and recently a consultative body has been formed, composed of the two clinical tutors in psychiatry and two tutors in Clinical Psychology representing the H.O.D. Committee, to integrate teaching for the D.P.M. and for the B.Ps.S. Diploma in Clinical Psychology.

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OUT-PATIENT TREATMENT UNDER SECTION 26 OF THE MENTAL HEALTH ACT OF 1959

DEAR SIR,

With good community psychiatric services, the imaginative use of day hospitals, and the advent of long-acting intramuscular tranquillizers such as fluphenazine enanthate, it is now possible to keep patients in the community who would otherwise be condemned to chronic hospital life; provided one can ensure that they attend the out-patient clinic or day hospital for regular treatment. In some instances regular treatment out of hospital can only be achieved if the patient is kept under Section 26 of the Mental Health Act of 1959 and is regarded as being on extended leave from hospital. Though this procedure is in keeping with the spirit of the Act, in so far as it is aimed at giving the patient more freedom and more opportunities for leading a normal life, the Act makes no provision for this particular type of case, and every six months these patients have to go through the unnecessary and often disruptive ritual of being readmitted into hospital for one or two days—it is not specified exactly how many—in order to prevent the Section 26 from expiring.

To keep patients who are not in hospital on extended leave under Section 26 instead of discharging them, is on the whole bad practice, as it is often motivated by negative reasons, the most common being a dislike of repeating the formalities of the compulsory admission procedure if he relapses. There are, however, special occasions when it would appear to be for the good of the patient to do so. In these cases there should be positive reasons for taking this decision: in order, for example, to establish the patient on a progressive rehabilitation programme or to ensure that he will have the necessary out-patient or day hospital treatment with the intensity and regularity that is required.

An existing alternative to the use of Section 26 for this purpose would be the reception of the patient into guardianship under Section 33 of the Act. However the majority of parents and relatives who could be appointed as Guardians may find that though they are given the authority under Section 33 to see that the patient attends the clinic or day hospital they may, because of advanced age (the patients are usually adults) or other circumstances, lack the ability, energy or time to enforce this authority. Local authorities have difficulty in finding grounds upon which to make an application for guardianship, the hospital as such is not entitled to do so, and the psychiatrist responsible for the patient cannot be expected to take on the burden of guardianship in his own personal capacity.

Treatment techniques continue to improve and the trend for the psychiatric services to be based in the community and in the general hospital rather than in the mental hospitals is gathering momentum. It is likely, therefore, that there will be an increase in the number of patients who can be kept out of hospital provided that they have adequate treatment and support.

If and when the Mental Health Act is reviewed, it would be desirable if some provision were made for patients who are in the circumstances described at the beginning of this letter in order to spare them an unnecessary sojourn in hospital every six months. Such provision would also give psychiatrists one other possible way of treating their patients, and would lead, one would hope, to a greater number of discharges from hospital.

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