

interest far outweigh the negative aspects. Indeed, such an option may be the only practical way to provide meaningful research experience to trainee psychiatrists in peripheral units.

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Management training for Scottish senior registrars in psychiatry

DEAR SIRs

Consultant psychiatrists have long been involved in different aspects of management. With the advent of the Griffiths' Report (1984), it became necessary for clinicians to acquire new management skills. To address some of these issues the Scottish Division of the Royal College of Psychiatrists formed Management Group in 1986. Part of their remit was to incorporate management skills into general professional and higher professional training.

In 1989, this Group joined forces with the Management Development Group of the Scottish Health Service to establish two week-long residential courses for all Scottish senior registrars in psychiatry. We attended the first of these courses in March 1989 in Edinburgh. The course was based around two facilitators and was supplemented by a number of guest speakers. Management skills were acquired from a mixture of factual and experiential learning covering a number of topics — including communication, team work and leadership, conflict and negotiation, committee work and time management. At the end of the week a review session was held at which participants resolved to make use of newly acquired management skills.

It is clear that close co-operation and improved understanding between managers and clinicians is essential for the future provision of a good service to the patient. The course which we attended undoubtedly offered an insight into different aspects of management, and all Scottish senior registrars now have the opportunity for management training organised by the Management Group of the Scottish Division. We write to urge the College to create similar courses nationwide. It is also our belief that an effort should

be made to educate non-medical managers about the needs of the clinician.

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Compulsory treatment of patients remanded by Courts

DEAR SIRs

In November 1988 we admitted under Section 25 of the Criminal Procedure (Scotland) Act 1975 a 35 year-old man who had been charged with attempted murder. At this stage in the legal process he had not pleaded to the charge and the Court had "continued the case for further examination" and under section 25 (1) of the above Act had "remanded or committed for trial a person charged with any offence who appears to the Court to be suffering from mental disorder".

By the end of November 1988 two separate consultant opinions had been given to the Court and both were of the opinion that the accused was insane in bar of trial and that disposal by means of Section 174 (1) and (3) of the Criminal Procedure (Scotland) Act 1975 was appropriate, i.e. a Hospital Order should be imposed. However, as is often the case in Scotland, the case has not yet gone back to Court for the Court's disposal. The 110 day rule applies to this case, i.e. if the accused is not brought to trial within 110 days of the first day of incarceration then he must be liberated on day 110.

The problem which then developed was that the patient, or is he a quasi-prisoner, showed a deterioration in his condition, rejected the offer of any drug treatment and began to cut back on his diet, believing his food to be poisoned. The diagnosis made was of paranoid psychosis.

Concerned about the possibility of a life-endangering situation developing, we contacted the Mental Welfare Commission for advice regarding compulsory treatment. It was our opinion that this man was a quasi-prisoner and, as in the case of prisoners, compulsory treatment could not be instituted. However, the Vice-Commissioner, who is a psychiatrist, took the view, speaking 'colleague to colleague', that after two doctors had registered their opinion that the man suffered from a psychiatric disorder and was insane in bar of trial they were implying that he required treatment and that compulsory treatment would be justifiable.

Taking the matter further with the Central Legal Office of the Scottish Home and Health Department, the opinion from there was: 'Having looked at the Acts, particularly Section 70 of the Mental Health (Scotland) Act 1984 we feel with removal to hospital