natural arrangement of having mother and baby together, particularly where the maternity department is made up of small, four- or six-bedded units. Premature babies should be kept singly or in pairs in cubicles, for they are particularly susceptible to any kind of infection.

Despite all these precautions it has usually been found that the only procedure which will terminate an outbreak of neonatal diarrhoea is closure of the maternity unit, and it is wise to take this somewhat drastic step early rather than late. Control of the diarrhoea of adults which secondarily affects both breast- and bottle-fed babies presents considerable difficulties. The available evidence indicates—recent Oxford experience is in accord—that the infection is airborne, therefore good ventilation should be maintained at all times, even when the outside temperatures drop to a low level. Again, special care must be taken to protect the premature infant. Closure of the unit will, temporarily at least, cut short an outbreak of this type, but unfortunately the disease is often endemic in the area and may light up again with fresh admissions to the hospital. Treatment of the severe form of neonatal diarrhoea is disappointing. Both good and poor results have been reported with sulphaguanidine and succinylsulphathiazole. Intravenous fluid therapy, using Hartmann's solution plus 5% glucose and half-strength serum or plasma alternately, has proved very valuable in the dehydrated older infant and should be tried more often. It could be used, probably combined with oxygen therapy, even in very young babies. Such treatment requires expert team-work by medical officers and nursing staff, and mobile teams might well be utilized to cope with outbreaks in hospitals where such experienced personnel are not available.

## MENTAL HEALTH LAW REFORM IN SCOTLAND

The National Health Service (Scotland) Bill, like the Act for England and Wales, will bring about many changes in the administrative pattern of mental health services. The Bill would make the main mental treatment and mental deficiency services part of the new hospital and specialist arrangements. It would lay a duty on the Secretary of State "to co-ordinate and supervise the administration by education and local health authorities of their powers and duties with regard to defectives." Local health authorities would be responsible for the ascertainment of mental defectives and for the provision of "suitable training or occupation for mental defectives who are under guardianship." The Bill would involve amendments and repeals of varying extent to the Lunacy (Scotland) Acts, 1857 to 1913, and the Mental Deficiency (Scotland) Acts, 1913 and 1940. It would also provide for the statutory disappearance of the word "asylum" and the substitution of "mental hospital." The publication of the Scottish Bill gives a new interest to the report[1] issued a few months ago by a Departmental Committee which was appointed in February, 1938, by Dr. Walter Elliot, then Secretary of State for Scotland. The Committee, with Lord Russell as chairman, was set up to inquire into the law relating to lunacy and mental deficiency and to report what amendments it considered necessary as a preliminary to the consolidation of mental health law in Scotland.

The Committee is not in favour of a special qualification in psychological medicine for medical practitioners signing certificates for the purposes of detention. It suggests rather that the reforms in the training of students advocated by the Goodenough Committee should be carried out so as to ensure that every medical practitioner will in future be adequately equipped to certify under the Lunacy Act. Any qualified medical practitioner on the British *Register*, in the Committee's view, should in law be competent to grant certificates under either the Scottish or the English Lunacy Acts, but if there are in fact any legal or administrative difficulties these should if possible be removed. A specific statutory definition of the word "lunatic" is not desirable, but it is recommended that the terms "lunatic," "insane person," and "person of unsound mind" should be replaced by the term "mental patient." "Idiots" should be transferred from the purview of the Lunacy Acts into that of the Mental Deficiency Acts. The term "mental patient" would apply to any person who on account of mental illness is certified by two medical men to be a person requiring detention for care and treatment. Care and treatment should be the operative words, and so far as possible compulsory detention should be applied only when the patient is unable or unwilling to consent to such care.

The system of voluntary treatment which has been used in Scotland for nearly a century should be continued. On temporary provisions the Committee proposes to follow the English Act of 1930. It also agrees that the reception procedure should be simplified and that opportunities should be provided for early treatment for a limited period, as in the voluntary and temporary provisions of the English Act. Compulsory detention for prolonged treatment should be covered by the authority of a judicial order. Medical certification and the provision of hospital care are entirely medical matters and should be in the hands of some branch of the health department of the local authority. The petition to the sheriff for an order in respect of both lunatics and mental defectives requiring assistance should be presented at the instance of the local authority. In considering a petition for an order under the Lunacy Acts the sheriff should be authorized to proceed on lines somewhat similar to those laid down by English law. The Committee would also apply the English private patient procedure to all patients, and pending the result of inquiries would institute an interim order. The present emergency certificate which is valid for only three days should be valid for seven days, like an English urgency order. The present safeguards against improper detention are thought sufficient.

Senile patients present an increasingly serious problem. The shortage of accommodation for mental patients generally is due to the accumulation of patients who have not recovered and of elderly patients whose mental deterioration has made them too difficult to look after at home. It is suggested that asylum authorities might be empowered, though not required, to make special provision for such patients in a separate section of an institution, or even completely separate provision. Senile patients who do not require prolonged institutional care should not be certified

[1] Cmd. 6834, 1946. Edinburgh: H.M. Stationery Office. Pp. 131. 2s.

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but should be provided for along the lines of the English Mental Treatment Act. Persons who are senile but not so mentally ill as to be certifiable form an important group for which some provision may be required to be made by the public health authorities.

The Committee hopes that a special department of the Central Health Authority will deal with all branches of mental health. The General Board should, in its opinion, have power to order the transfer of a mental patient from one place to another when this is necessary or desirable in his interests but the person responsible for his detention does not make the necessary application. The relative position of the Board and the local authorities in the management of district asylums should be clarified. The English procedure by which the visiting committee of a new asylum submit draft rules for its government through the Board should be copied. The Committee would require the consent of the Board or of the Secretary of State to the dismissal of the medical superintendent of an asylum as well as of a certified institution.

Medical superintendents should have power to grant patients leave of absence for short periods at their own discretion, and leave on probation for longer periods with the sanction of the Board, but no person committed as a dangerous lunatic should be liberated temporarily without the sheriff's authority.

Broadly speaking, the Committee would assimilate the Scots law to that of England in regard to voluntary and temporary patients. It stresses the importance of having fully qualified staffs in charge of observation wards attached to general hospitals. It also recommends the creation of one centrally situated institution for Scotland for the reception and treatment of dangerous lunatics. This should be equipped, managed, and financed as part of the State Asylum for the detention of criminal lunatics. The Prisons Division of the Scottish Home Department should cease to have any control over the State Asylum, and full responsibility should be transferred to the General Board of Control. It is hoped that before long criminal and dangerous lunatics will be detained in a suitable building, not just part of a prison, and large enough to keep such patients out of ordinary asylums.

Also urgently needed is a State institution separate from the State Asylum for dangerous or violent mental defectives. In the definition of mental deficiency the Committee approves the English classification, except that they would leave out the class of moral defectives and call the feeble-minded, imbecile, and idiot classes Grades A, B, and C, respectively. Educable children should not be described as mentally defective, and their mental condition should not be classified until the age of 16. The Committee mentions another class of adolescents who display distressing symptoms of unstable disordered behaviour and are regarded as social misfits but whose mental capacity and conduct touch only the fringe of insanity, mental deficiency, or criminality. No suitable treatment appears to exist for this group, and the Committee suggests that the legislature might at the earliest moment devise some provision which will submit such persons to training and supervision in a colony or institution in which medical and psychological treatment will be available.

Local authorities should, in the opinion of the Committee, be compelled to carry out their duty of ascertainment, and should be authorized to deal with mentally defective children under 5, but only with the consent of the parent or guardian. The Committee would discontinue the present arrangement under which children found unsuitable for education in special schools and classes are passed on to the public assistance authority. The duty of providing education and training for all trainable defectives up to 16 should be laid upon the education authorities, who should be obliged to employ a psychiatrist, a psychologist, and at least one psychiatric social worker. It is not recommended that all mental defectives capable of useful training should be under compulsory control and supervision and required to attend at training and educational centres up to the age of 18. Mental defectives capable of remunerative occupation at 16 should be exempt from compulsory attendance. For those not so capable training facilities should be provided as part of the system of education, perhaps under the Disabled Persons (Employment) Act, 1944. The continued care and training of mental defectives over 18 should become the duty of a composite mental health committee, on which the interests of education, public health, and public assistance should be represented.

The Committee recommends the setting up of a central index with notification of ascertained defectives by the education authorities. Information from the index should be available only to local authorities and public prosecutors, who would be obliged to inquire whether the name of any accused person is on the index and, if it is, to see that the court knows of the fact.

Prof. D. K. Henderson, a member of the Committee, made a number of reservations. He thinks that the adoption of the English Mental Treatment Act would unnecessarily complicate the status of the voluntary patient, who at present can be kept in hospital if he loses his volition but who under the English rules would have to be discharged after 28 days. He would go further than the Committee and amend the Mental Treatment Act so that all non-voluntary admissions could have temporary treatment for a year without certification. He is also doubtful about the possibility that the education authority will be given too much responsibility in matters concerning the mental state of defectives, which is a question for the health authority. Supported by Lord Provost John Phin, he suggests that directors of education should continue to supervise all educable defectives between 5 and 18, but that all other children should be under the jurisdiction of the health authority.

## A MORAL ISSUE

As might have been expected, the medical profession as a result of the plebiscite has had what is usually described as "a bad Press." The British Medical Association is by now used to having its actions and views widely misinterpreted. There can, for example, be no justification for this accusation of the *Times*: ". . . it is evident that the B.M.A. intends to persist in the rather reckless and emotional agitation which has contributed in no small measure to the outcome of the ballot." The *Times* leader

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