

### *Administration*

Unfortunately the most influential committee, the Hospital Policy Committee, was not chaired by a member of the staff of Rampton Hospital but by an assistant secretary from the DHSS. 'MHC' branch of the Mental Health Division of the DHSS was administratively responsible for the management of the Special Hospitals and was headed by the same assistant secretary. However, in practice the Special Hospitals were not led by an established group, but by an informal office committee (SHOC: Special Hospitals' Office Committee). SHOC had no statutory definition of its constitution, no identifiable role of function, and meetings were held as and when necessary without a formal record being kept. The same assistant secretary was a member of SHOC and managerial accountability passed upwards to an under-secretary (mental health), a deputy-secretary (service development), a permanent secretary, and the Secretary of State. Committees in the hospital lacked medical input and direction, and there was no proper complaints procedure. Most significantly, the hospital's activities remained beyond regular and authorized public scrutiny.

In the absence of united and strong senior management at a hospital level the initiative was taken by officials of the Prison Officers' Association. With this backing staff were successful in resisting the changes recommended in two confidential documents: the Hospital Advisory Service (1971) and the report of an experienced hospital administrator (Elliott, 1973).

Unlike its predecessors, the Boynton Report does not rely on the DHSS to implement the necessary changes. It requests the Secretary of State to delegate to a new Rampton Review Board most of his statutory responsibilities for the hospital's management. This Board would be charged with ensuring that the proposals in the report are implemented and that they do not become merely reading matter for later committees. The Report envisages that a medical director will provide the overall co-ordination and leadership which Rampton Hospital requires, but believes that this task will not be possible without the support and guidance of a Review Board.

### *What prevents responsible management?*

Readers are urged to study the Boynton Report because this review has not attempted to discuss those aspects of

Rampton which were praised, nor to summarize the recommendations of the review team. The Report demands an answer to the question: Why did it take a television production team to open the prospect of change in the Rampton system? Most patients are sent to Rampton by the courts, and for them the intention declared in Part V of the Mental Health Act (1959) regarding the admission of persons concerned in criminal proceedings must have a particularly hollow ring. On the surface there was apparently liberal legislation to deal with mentally abnormal offenders but within the 'Secret Hospital' a reactionary nightmare has been uncovered. Is this not partly a matter of financial discrimination and political expediency?

The type of patient admitted to Rampton Hospital occupies a lowly position in the hierarchy of priorities within psychiatry, and any second-class group gets second-class services. Outside the Special Hospital system regional security units are now providing the focus for developments in forensic psychiatry. Their character depends on financial discrimination in their favour: what will be their fate when it is no longer expedient to offer this priority and they are forced to compete with other healthcare services?

Of course there are trends within psychiatry itself towards the dumping of certain groups of objecting and objectionable patients; so-called medicalization as a route to greater acceptance of psychiatrists by the medical fraternity; the need for therapeutic or rehabilitative responses; the wholesale acceptance of bastardized psychotherapeutics and the run-down of secure facilities. But the scandal of the 122 patients detained in Rampton although approved for transfer to NHS hospitals was not a cause of the hospital's shortcomings, but rather another sign of the thinking which regards some citizens as fifth rate and to be managed accordingly.

Responsibility is a word much to the fore when salaries are being negotiated. It should imply not only duty and trust but also accountability. Responsibility for Rampton lay with senior management locally and with officials within the DHSS. It is not a time for Watergate defences—after Farleigh, Whittingham, St Augustine's and Normansfield the facts are known. Why could not these managers act?

PAUL BOWDEN

*Maudsley Hospital  
Denmark Hill, SE5 8AZ*

## *Forthcoming Events*

The first international symposium on **Gilles de la Tourette's Syndrome** will be held in New York City from 28 to 29 May, 1981. Information: Arnold Friedhoff, MD, Director, Millhauser Laboratories, New York University School of Medicine, 550 First Avenue, NY 10016, USA.

An international symposium on '**Typical and Atypical Antidepressants**' will be held in Taormina, Sicily from 25 to 29 March 1981. Information: Dr Giorgio Racagni, Institute of Pharmacology and Pharmacognosy, University of Milan, Via A. Del Sarto 21, 20129 Milan, Italy.

Printed in Great Britain by Headley Brothers Ltd The Invicta Press Ashford Kent and London