booking them into prisons as the most convenient and logical step. For many patients, it was the end of the road and many met an early death uncared for in the jails. In the prevailing social ethos biased against such individuals, families also found the system a convenient way of ridding themselves of their burdens and rarely would they try to get patients released. It is against this backdrop that the judgment and its ramifications are being viewed as significant from the point of view of mental-health-care and prison reforms, and as a victory for the human rights of mentally ill persons.

The Supreme Court has directed the West Bengal government to order an inquiry into the deaths and take steps to rectify the factors that led to such a "calamity" and submit these details to the Court within 2 months. West Bengal has been ordered to "stop forthwith" the admissions of the mentally ill persons to its jails "on any ground whatsoever". The Court has transferred the powers of getting the patients examined and placed from the executive magistrates to the judicial magistrates. The latter have been directed to get such persons examined by a mental health professional and, on receiving his/her recommendation, to send the patient to the nearest place of treatment and care. The judicial magistrates have to send quarterly reports to the High Court on the number of such cases and the actions taken. The court has also asked for the upgrading of existing mental hospitals and the setting up of psychiatric services in all teaching and district hospitals and the integration of mental health-care with the primary health-care system. Importantly, the Supreme Court has requested the Calcutta High Court to appoint a committee comprising of a mental health professional, a social worker, and a legal officer to evaluate the state of existing mentally ill persons in jails and to report in 2 months. The committee is to consider the discharge of those persons found fit and to ensure their return to their homes or their rehabilitation. It has also been asked to move out those persons requiring continued attention from the prisons to the nearest places of treatment and care.

Although the spotlight has been on West Bengal State, the Supreme Court has directed a nationwide reform of procedures and systems in order to humanise the management of mentally ill patients by issuing notices to the Chief Secretaries of all the states simultaneously.

Sanjay Kumar

Return to 19th century mental welfare law?

The government of the Australian Capital Territory (ACT) has released a draft mental welfare bill, which has provoked stiff opposition from a broad coalition that includes criminologists, psychiatrists, the opposition government, and mental health patient advocates. The draft bill broadens the definition of mental illness to include personality disorders and developmental disability and empowers a tribunal to authorise specific treatments, including up to 6 months' involuntary detention. Mental health tribunals exist in other states and territories, but there their role is to judge whether a psychiatrist's treatment is apt or not. In the ACT, the tribunal has broad powers of investigation and will determine de novo what treatment, if any, should be undertaken. In many cases, it will do this without a psychiatrist. The tribunal will comprise a magistrate, a community representative, and either a psychiatrist or a psychologist in rotation. Its decisions have the force of law and override any decisions of the psychiatrist treating the person under investigation.

The opposition leader, Kate Carnell, says the tribunal has "the most amazing powers you've ever seen". Carnell believes that the bill was drafted with the admirable aim of getting people with personality disorders out of the courts. "But they've gone for the overkill and put them somewhere equally as inappropriate", she says. Leanne Craze, a researcher with the Australian Institute of Criminology, is disgusted by the bill, which she describes as "straight out of the 19th century". Dr Jeffrey Cubis of the Royal Australian and New Zealand College of Psychiatrists says that anyone with behavioural problems, but who is not mentally ill, can be pushed into a psychiatric hospital. So, too, does David Plant of the Australian Psychiatric Disability Coalition, who says that the bill could be applied to pregnant women who drink alcohol or elderly people who are dementing but resist home help. Dr Bernard Hughson, who recently resigned as executive director of mental health services, says "it is clinically and ethically inappropriate, and inconsistent with every other piece of Australian mental health legislation, to have the tribunal decide and order treatment as distinct from consenting or refusing to consent to treatment recommended by the (treating) doctor or health care facility".

The ACT Attorney-General, Terry Connolly, stands by the draft bill. He believes that the public needs to be protected from psychiatrists; he cites the prosecution of an ACT psychiatrist earlier this year for giving unauthorised electroconvulsive therapy and the Chelmsford affair in New South Wales (see *Lancet* 1991; **339:** 839 and 1992, **340:** 902) as his justification. "It's just a matter of putting some protection between psychiatrists and the public", he says. "Psychiatrists are very powerful people who can have an immense influence over individual lives. We need to ensure their decisions are subject to individual review."

Mark Ragg

Stopping Iraq's brain drain

When the medical staff at the Baghdad College of Medicine returned to work after the summer break, they would have found out which of their colleagues won the annual "brain drain" bet, placed at the start of the holidays, on which of the staff would have managed to get out and stay out of the country during the vacation. The situation has become so serious that this year the government ruled that doctors wanting to leave the country must provide a surety of half a million Iraqi dinars. Even so, considerable numbers of doctors do leave, most of them senior staff members with academic and professional contacts overseas. Junior staff are hampered by restrictive regulations in many western nations.

The government can do little more short of preventing travel for doctors altogether, but such a step would probably be ineffective because so many illegal escape routes exist. More aware of the need to nurture the medical profession since the end of the Gulf War, the government has recently been more conciliatory towards senior medical staff. With inflation at a record high level and the economy in serious trouble, the government has scrapped legislation that severely restricted state doctors from undertaking private work. Doctors are thus opening clinics or forming syndicates to establish private hospitals. There is optimism that when the present shortage of medical supplies has been resolved, doctors will be well placed to develop their businesses. State control and nationalisation of private hospitals of the sixties is clearly a thing of the past.

Some doctors are also detecting more willingness on the part of the government to listen to the views of the profession, and cite family planning as an example. The lengthy war with Iran claimed hundreds of thousands of victims and led to government policies to increase the birth rate (see *Lancet* 1992; **340:** 1401). Doctors pressed the government to encourage birth control. The government has now done so. However, this move should also be seen in the context of the aftermath of the Kuwait war. In the face of shortages of essential goods, food rationing, and hyperinflation, the availability of contraception makes sense.

Peter Kandela