After a year of financial crisis, Arthur Carr's Rehabilitation and Employment Advisory Service* looks set for a promising start to 1973. It has now been established as a Unit separate from the Arthur Carr Staff Agency, and is probably the only agency of its kind, finding employment for those who might be normally considered 'unemployable': ex-psychiatric patients, ex-prisoners and so on.

A typical case being helped by the Agency is 'RM 15', a young man, one of several children, brought up without a father, who suffered from nervousness and depression leaving him rather shy and quiet. Now working with a paper manufacturing company.

Another typical case is 'WF 194', a young lady who has made tremendous progress after 3 years in a mental hospital. She obtained a secretarial job with a steel company, but this has proved a little premature and she does not seem quite ready for the job. The job is being retained for her until a later date.

With a larger staff in 1973 the Agency aims to expand in a new direction. They hope to be able to go into institutions where they can see several people at a time and start looking for suitable jobs so that when they leave (mental hospital, prison...) they can start work immediately without a period of depressing inactivity.

It is hoped that a similar agency might materialise in Edinburgh in the next few years — the need for such work in provincial cities is urgent. But it is a pity that the proposed new Job Centres, to replace the present Labour Exchanges, make no mention of specific help in rehabilitation.

*1 Robert Street, London W.C.2.

SCANUS — the Student Community Action programme of the NUS—has recently produced a 'Community Action Kit'. Although some of the material is aimed specifically at student groups, a lot of other groups (and individuals) will find useful information in its pages.

The Introduction tries to answer the questions: 'What is community?'; 'What are the basic human rights?' and 'What is community action?! The main fields covered subsequently in the Kit are education, psychiatry and ecology. There is also an extremely useful paper for anyone embarking on any sort of community work, outlining the best way to gather information about their area.

Readers of this magazine will be particularly interested in the section 'Psychiatry and anti-Psychiatry' which tries to answer such questions as What is Mental Health? What is Mental Illness? How is Mental Illness treated? and is followed by a section on anti-psychiatry and some new directions in psychiatry. It also gives practical information on how students can be involved with projects in hospitals and in the community, helping both the mentally ill and mentally handicapped.

A useful reference section lists and tells you how to contact organisations working in such fields as housing, kids/play, the homeless, the aged, gypsies, prisoners, pressure groups, women's lib and gay lib.

The Kit ends with a wide-ranging bibliography and a useful 2-line commentary on each production.

The 'Community Action Kit' is available from: Student Community Action, National Union of Students, 3 Endsleigh Street, London, WC1H ODU. 40p, plus 10p postage.

Is the National Health Service, a public service? This is the deciding factor when it comes to the free movement within Europe of NHS employees. Some people — such as coroners — will certainly not be free to move around the European labour market but others in the medical profession may well move into Europe.

Although Britain is participating fully in the promulgation of Common Market medical directives, in such matters as the required period for training in a speciality Britain may have to accept different (and lower) standards than those presently in force here. However, with the existing language barriers, the wholesale movement of British doctors into Europe seems unlikely.

It seems unfortunate that the Commission has refused the establishment of a 6-month 'adaptation' period, to give foreign doctors the chance to familiarise themselves with the language, ethics and social services system of the country they are intending to practise in.

It is hoped, however, that the social services patterns across Europe will be harmonised in order to maintain some sort of equilibrium in labour patterns. It would be disastrous if one country were to attract an abnormally high rate of immigrant labour by virtue of the fact that it offered outstanding social service benefits.

It will be interesting to see whether there is any change here in the use of private medical facilities. At the moment between one and five per cent of those receiving treatment do so as private patients. This compares with a European figure of between ten and twenty per cent.

One interesting — and perhaps rather warning — note: in drawing up its list of specialist medical fields there is no provision for geriatrics as a separate discipline.