Kingsley, Napley, Bull & Co.); John Wilmers, Q.C., and David Sullivan (Wilkinson, Kimbers & Staddon).

H. WHICHER
Barrister-at-Law.

### L.S.D. and Manslaughter

The defendant, a man aged 37, was charged with the murder of a girl, aged 18, who had suffered two blows on the head, causing cerebral hæmorrhage, and had died from asphyxia as a result of some eight inches of sheet from a bed being crammed into her mouth. The defendant gave evidence that he had gone to her room where they had taken L.S.D. and he had experienced a " trip " which gave him the illusion of descending to the centre of the earth and being attacked by snakes, which he fought. It was not seriously disputed that he had killed her during the course of the experience, and he stated that he had no knowledge of what he was doing and had no intention of harming her. The summing up directed the jury to consider that, if they acquitted him of murder, it was sufficient to convict him of manslaughter if the Crown had proved that " he must have realised, before he got himself into the condition he did by taking drugs, that acts such as those he subsequently performed and which resulted in death were dangerous ". The jury convicted him of manslaughter, and he was sentenced to six years' imprisonment. He appealed against conviction, contending that the jury should have been directed to consider the actual state of his mind at the relevant time. Firstly, because section 8 of the Criminal Justice Act, 1967, provided for the application of a subjective test in place of the previously applied objective test of recognition by sober and reasonable people that likely harm would result from the acts, and, secondly, because *Regina v. Church* (1966) 1 *Q.B.* 59, 70, for the first time had recognised that " even in relation to manslaughter a degree of *mens rea* " had become essential. He also applied for leave to appeal against sentence which he contended was too severe.

Lord Justice WIDGERY said that, for the purpose of criminal responsibility, the court saw no reason to distinguish between the effect of drugs voluntarily taken and drunkenness voluntarily induced; it was well established that no specific intent was required to support a conviction for manslaughter based on a killing in the course of an unlawful act, so that self-induced drunkenness was no defence to such a charge. The flaw in the defendant's argument lay in the wrong assumption that a new element of intent or foreseeability had been introduced into this type of manslaughter by Church's case; that case had recognised a development relating to the type of act from which a manslaughter charge might result, and not in the intention (real or assumed) of the defendant. The reference in that case to *mens rea* was unfortunate. Manslaughter remained a most difficult offence to define because it arose in so many different ways and because, as the mental element (if any) necessary to establish it varied so widely, any general reference to *mens rea* was apt to mislead. The appeal could be disposed of by reiterating that, when the killing resulted from an unlawful act of the defendant, no specific intent had to be proved to convict of manslaughter, and self-induced intoxication was, accordingly, no defence. Since the acts complained of were obviously likely to cause harm to the girl and in fact killed her, no acquittal was possible and a verdict of manslaughter, at least, was inevitable. The sentence was fully justified to bring home the grave consequences which might result from the taking of drugs of that kind. The appeal and application were dismissed.

R. *v.* Lipman. *Court of Appeal, Criminal Division:* Widgery and Fenton Atkinson, *L.JJ.*, and James, *J.* July 29, 1969. Counsel and solicitors: Michael Eastham, Q.C., and Norman King (Kingsley Napley & Co.); John Mathew (Director of Public Prosecutions).

L. NORMAN WILLIAMS
Barrister-at-Law.

## Notes and News

### RESPONSIBILITY FOR HOSPITAL SERVICE

CONSTITUTIONAL theorists have it that Ministers are responsible to Parliament, and thus to the people, for every last detail of their Department's activities. In practice some Ministers of Health have tended to view the regional board as the point at which the buck should stop wherever possible. One of the troubling points brought out in the Ely Hospital report was that there had been some misunderstanding about the relative responsibilities of boards and management committees for the standards of patient care in hospitals. Publication of the report was quickly followed by action: regional boards were asked to look at the way their funds were allocated to see if more could be spent on the long-stay hospitals and an N.H.S. Hospital Advisory Service was announced (the directorship of this body was advertised last month). In his latest memorandum on the subject, the Secretary of State for Social Services clarifies the chain of responsibility in the following terms: regional hospital boards are agents of the Secretary of State, who is responsible to Parliament for the Hospital Service as a whole; hospital management committees are agents of the hospital boards. " The Secretary of State wishes Hospital Management Committees to exercise their functions without unnecessary intervention by the Regional Hospital Board or by himself ", but the boards are responsible to him for the service in their area, and they should exercise a general oversight of the administration and standards of care in hospitals in their region.

### DRUG ADDICTS

THE number of narcotic drug addicts in the United Kingdom known to the Home Office rose to 2782 in 1968 from 1729 in 1967—an increase of 61%. The most striking increase was in the number using heroin—2240, compared with 1299 in 1967. Many of those notified as addicts to heroin failed to appear at treatment centres after one or two attendances, but this might have been caused by transfer to the care of a general practitioner on drugs other than heroin, the use of false names to get a prescription, imprisonment, reversal to illicit heroin, and even death. The use of intravenous methylamphetamine accelerated after the restriction on prescribing heroin and cocaine in April, 1968, but this was almost eliminated in October, 1968, by an agreement between manufacturers to supply injection solutions of methylamphetamine only to hospitals. These figures are given in a report by the Government to the United Nations on the working of the international treaties on narcotic drugs. This report also shows that the number of known addicts under the age of 20 increased between 1967 and 1968 by 93% and that nearly all of these used heroin. 79% of all addicts to heroin in 1968 were under 25 years of age. This general rise in the number of addicts is partly attributable to the system of compulsory notification, introduced in February, 1968, and of allowing only specially licensed physicians to prescribe heroin for addicts, which reduced amounts individually prescribed thus forcing addicts to present themselves for treatment.

### GENERAL MEDICAL COUNCIL

AT a recent meeting of the Disciplinary Committee of the Council the names of Arthur George Bell, Noel Patrick Burns, Walter Rodolphe Chisholm-Batten, Parviz Faridian, Henry James Sloan, Herman Peter Tarnesby, and Karol Zawisza, were erased from the Register. These erasures are subject to appeal within 28 days.