

training schemes it has inspected enable senior registrars to gain adequate experience in this area. Many general psychiatric senior registrars complete their training without obtaining any substantial experience of the disorders of the elderly, and several of the consultants best placed to provide them with this training have no senior registrar post attached to their units.

The purpose of this letter is to draw the attention of those responsible for the organization of senior registrars training schemes to this unsatisfactory situation and ask them, as a matter of some urgency, to review the disposition of senior registrar posts in their own areas. The psychiatry of old age is an integral part of general psychiatry, and the profession as a whole, and the General Psychiatry Sub-Committee of the Joint Committee in particular, has a responsibility to ensure that an adequate proportion of its training posts are devoted to this important branch of the subject. Efforts are currently being made to persuade the Health Departments to create new senior registrar posts earmarked for the psychiatry of old age, but, even if these efforts are successful, the problem will have to be met mainly by a redistribution of existing posts. The General Psychiatry Sub-Committee of the Joint Committee has now almost completed its first round of inspection visits. At the second round, however, one of its main concerns will be to see that this redistribution has taken place, and in particular that proper use is being made of the training facilities provided by well-organized psychogeriatric units.

K. RAWNSLEY
Chairman: JCHPT
R. E. KENDELL

Chairman: General Psychiatry Sub-Committee of the JCHPT

THE USE AND MISUSE OF CONFIDENTIAL INFORMATION

DEAR SIR,

I should be grateful for the opportunity of answering some of the points in Professor Wing's letter, commenting on my paper on Confidentiality, both of which were published in the March issue (pp 47-50).

He is unsure whether my objection to identifiable information being included in the HMRI's which are sent to the DHSS computer for storage is mainly on the grounds of breach of patient-doctor confidentiality or of the possibility of misuse. I had hoped I had made it clear that I regard this breach of confidentiality as unethical *because* no single doctor could ever assure his patient that the information will not be misused once it leaves the hospital. The argument that the large majority of psychiatrists see no risk to their patients does not alter the fundamental moral issue.

He and his colleagues did not think any governmental misuse could ever be regarded as well-intentioned. But doublethink is commonly practised by governments and is the subtle way they persuade themselves to do things 'for the good of the people'. If this should lead to the misuse of confidential information it is then too late to take corrective measures: the right time for this is now, *before* there is any loss of freedom or any corruption.

Professor Wing has himself made enormous contributions to the psychiatric care of patients by his research, and he rightly values the potential of research. I agree with this, but believe that where the needs of research are not totally compatible with confidentiality, the maintenance of the trust of the doctor-patient relationship must be given priority.

It is disappointing that there has been no discussion of the controversy by correspondence in your columns. I submitted my paper in October 1978, hoping to provoke such a discussion, but publication was delayed until March 1979 to enable the letter from Professor Wing, a member of a Special Committee of the College, to be included in the same issue. It is possible that this may have stifled discussion because the points raised by my paper appear to have been refuted by a senior and distinguished member of the College.

There has been correspondence about delays in publication in the *Bulletin* in the *APIT Newsletter*, and you, Sir, wrote in their January 1979 issue: 'We judge it better to print both sides of an argument at the same time instead of in dribbles.' Yet you stated you were 'anxious to make the *Bulletin* more topical, up-to-date, and responsive to readers' needs'. The *Bulletin* at present seems to reflect too much the views of the College as an establishment instead of being a forum for free discussion by its members on controversial issues.

May I suggest that it would be preferable for letters and papers to be published with less delay and for an 'establishment reply' not to be printed until the pros and cons have been well ventilated? College official opinion might, indeed, be influenced by such a correspondence.

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THE M.R.C. PSYCH. EXAMINATION

DEAR SIR,

I refer to the open letter from APIT on the M.R.C. Psych. examination (*Bulletin* April 1979 p 67) in which the writers have criticized practically everybody under the sun. One reads that APIT has always opposed the M.R.C. Psych. examination and is proved right that the examination has lowered the standards

of clinical practice. The examiners who are not trained 'in this way', having their own idiosyncrasies, are quick to penalize anything contrary to their personal tastes. Many trainees lack basic skills and the standard of psychiatry remains very low in some hospitals. They urge that something should be done so that the forms Clinical Tutors sign to say that a trainee is ready to take the examination have some meaning.

May I ask them on which population they have based their findings? Perhaps it is those to whom APIT tried to teach 'the content of the mental state'. In May '78 out of 210 candidates 109 passed and in November '78 out of 251 candidates 134 passed the M.R.C.Psych. examination. I wonder how they will explain this pass rate in spite of the 'appalling training' and the idiosyncrasies of the examiners? Or could they tell us from their own personal experiences whether their standard of clinical practice has suffered because of their taking the examination? Constructive suggestions are conspicuous by their absence in their letter. Apart from demanding clarifications to the examination protocols, they seem to have resigned themselves to the state of affairs of 'appalling training' and 'the lowering of the standards of clinical practice'.

While refusing to take the pessimistic view that the whole system is falling apart, I should point out that there is room for improvement in the training provided to the candidates especially in the peripheral hospitals. As one who has gone through the mill, I can say that, given more training and opportunities all through the year to sharpen his performance in examining and presenting a case for formulation and critical appraisal, the candidate would gain far more than by attending a workshop at the last moment where the numerous tips offered help only to add to the confusion.

The College could help by promoting closer co-ordination between Inceptors, Clinical Tutors and the Panel of Examiners, so that the examiners pass on their views and comments following each examination to the Inceptors through the Tutors. The Tutors could consider inviting the examiners to give their trainees practical training in the form of periodic mock examinations, etc., which is not an unrealistic proposition considering that there were more than 70 examiners on the panel at the last count. There should be an active campaign for recruitment for Inceptors and regional scientific meetings geared solely to their needs, so that the organization does not seem distant to them or insensitive to their requirements.

D. P. SRINIVASAN

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DO YOUR SCHIZOPHRENIC PATIENTS EAT WHEAT?

DEAR SIR,

We have been interested by anecdotal stories about the responses of schizophrenic patients who have taken gluten-free diets and, despite our initial scepticism, are involved in a study of whether there are people who are sensitive in this way to such proteins. In order to study this field a little further, we would be very pleased to receive other anecdotal stories which we could explore more fully to try to find what the patients have in common, if anything, and therefore be more able ourselves to select groups to study.

If people do reply, would they also indicate how far they are willing to allow us to approach such patients.

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PSYCHIATRISTS FOR ZAMBIA

DEAR SIR,

Zambia requires psychiatrists for work both in the government service and within the university. Senior, highly experienced colleagues (perhaps having just retired) and those with less experience would be welcome, and posts at a suitable level are available in both service and academic fields. The opportunities for research, teaching and leadership in developing new ideas in community mental health services based upon Primary Health Care will offer a real challenge to those working in either of the closely interlinked sectors.

I shall be attending the College Annual Meeting in Exeter this month and could supply more information then. Alternatively enquiries may be sent to me at the address below.

ALAN HAWORTH

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THE PRISON SERVICE

DEAR SIR,

The *Bulletin* of May 1979 has a reference to the dangers of the 'bad institution' (p 90). Dr Heine, in his letter, also comments on the need to maintain the morale and viability of mental hospitals. In the same issue of the *Bulletin* is the evidence prepared by the Royal College to the Inquiry into the United Kingdom Prison Service. The Royal College apparently wish to disband the Prison Medical Service and to place the