

medical responsibility for the Prisons and Remand Centres on four different kinds of doctor.

The prisons contain a large number of people with varying degrees of personality disorder. Some of these people have episodes of mental illness and some have developed their abnormal personalities as a result of episodes of mental illness. The prison doctor has to try to steer a fair and compassionate course when dealing with the 'bad' and the 'mad' and those who are 'bad' and become 'mad'. Prisons are disciplined institutions but nobody can appear on a disciplinary charge before the Governor unless the Medical Officer has found him fit.

If the College's views were to prevail, all these difficult matters would become the province of the forensic team from the local hospital. The visiting GP, in my opinion, would not be found willing to provide 'basic psychiatric services' when he is surrounded by doctors whose speciality is psychiatry. The forensic team must inevitably change from time to time and will involve young doctors starting on a career of psychiatry who have not yet learnt the vital importance of maintaining staff morale in an institution. There will be almost daily differing views expressed about the question of management and culpability of those inmates who fail to conform to the prison regulations. The prison staff, whether Hospital Officers or Discipline Officers, will not know any longer where they stand. Morale will be gravely affected.

I have no doubt that the evidence of the Royal College was produced as a result of genuine anxiety over the future of the medical services to prisons but I fear that the suggestions in the evidence are a recipe for a bad institution.

R. W. K. REEVES

*Little Chalfield,
Melksham,
Wiltshire.*

WHAT'S WRONG WITH PSYCHOGERIATRICS?

DEAR SIR,

Whilst I cannot but suppose that Dr White's experiences led him to write 'What's wrong with Psychogeriatrics' in the *Bulletin* for May 1979, I write to paint a totally different picture.

It is the practice in my Authority for the content of the further particulars and weekly programme for any Consultant post to be agreed with the Consultants in the appropriate speciality and it is always submitted to the Cogwheel Division formally for their approval. Sub-specialties and special interests are created on the advice of the clinicians concerned and in the case of psychogeriatrics in particular we have a post in one district and are without one in the other district at the

specific request of the local psychiatrists. There is no question of the Health Authority's wanting to impose the special interest or 'knock-up' a job description.

Advisory Appointment Committees are constituted by statute. In Wales one member is nominated by the appropriate body (a Royal College or Faculty), one member by the Welsh National School of Medicine and two members by the Welsh Medical Committee. It would not be proper for the Authority to attempt to influence any of these bodies in their choice of nominee. The Authority has power to nominate three members, two of whom are lay members, and one a Consultant employed within the area of the Authority. It is not surprising that this member is usually a Consultant in the specialty concerned and most often a senior potential colleague of the successful applicant. Not much room for manoeuvre there for including a geriatrician on the Committee as Dr White suggests! Although he says that the College recommends this, I can find no reference to this in the 'Notes of Guidance for Representatives on Advisory Appointment Committees' of the Royal College. This could explain the looks of 'blank amazement' and 'frank incredulity' which Dr White has noticed on the faces of staff of authorities.

A Consultant post that is poorly conceived can only be so if the clinicians who have desired that post have allowed it to come to the point of advertisement and appointment without every last detail being settled as Dr White suggests. How many of our clinical colleagues would refuse to apply for an additional Consultant post or refuse to implement one should they be successful in a bid to the Central Manpower Committee when the only stumbling block was an inability to fund half a secretary or to find an office?

I am not happy about the suggestion that it is in some way always regrettable when a College Assessor's preference with respect to candidates is not followed. I have been present on a number of occasions when an Assessor from one of the Colleges and Faculties has insisted that he was only present in order to differentiate those who were properly trained from those who were not. Such a suggestion has never come from any member of an Advisory Appointment Committee in my hearing.

I think Dr White underplays the problem created by local attitudes, but his example unwittingly indicates that clinicians may themselves not see adherence to the policy enunciated by Health Authorities and Royal Colleges as being vitally important!

In conclusion, I can truthfully say that officers of this Authority would be delighted if clinicians always found it possible to create clearly defined jobs with responsibilities which would be acceptable to Royal Colleges and prospective applicants: if revenue was

always available for support facilities: and if it was always possible to meet the changing requirements of the profession both locally and on a national basis. I have absolutely no doubt that it will be quite impossible now or in the future to do so. Let us therefore struggle on with some understanding and respect for our differing problems and constraints and not assume that where things are not exactly to our liking the cause is to be found in unwarranted self-confidence in the officers of an employing Health Authority or irresponsibility on the part of clinicians.

*Gwent Health Authority,
Mamhilad,
Pontypool,
Gwent NP4 8YP.*

P.S.—Since drafting this letter I have been made aware of the Guidelines agreed by the Standing Joint Committee of the British Geriatric Society and the

N. H. N. MILLS

Royal College of Psychiatrists. I was not previously aware of these and I wonder whether the Royal College has endorsed them and published them in a way that employing Health Authorities would be aware of?

I have also checked the third schedule of the Appointment of Consultant Regulations 1974 and have found the following ambiguous paragraph which I have referred to the Welsh Office for elucidation: Schedule 3, paragraph 11 'Where in the opinion of the Authority more than one appropriate body is appropriate in relation to the appointment to be considered, the Authority may, after consultation with the appropriate bodies, nominate to a Committee a further consultant in the speciality: Provided that no more than one additional member shall be nominated in respect of each appropriate body.' Clearly this is intended to mean the associated speciality, but that is not, unfortunately, what it says.

FORTHCOMING EVENTS

All Psychiatric Trainees in the South-East and South-West Thames Regions are invited to a **Trainees Day** on Wednesday, 18 July, at St George's Hospital Medical School, London SW17. Further information from Dr Alison Hall or Dr Lester Sireling at St George's (telephone: 672 1024) or Dr Helena Waters at the Maudsley Hospital (telephone: 703 6833).

An **Intensive Neuroscience Course**, arranged by the Oxford Regional Committee for Postgraduate Medical Education and Training, will be held at Oxford University Department of Human Anatomy from 28-29 September. Residential accommodation (for which early application should be made) will be available for a limited number at Mansfield College. Fees: Residential £60; non-residential, but including lunch, £40. Enquiries to the Director of Post-graduate Medical Education and Training, The Medical School Offices, John Radcliffe Hospital, Headington, Oxford OX3 9DU. Telephone: 0865 64711, ext. 7666.

Pharmacotherapy with Emotionally Disturbed Children is the title of the 4th Annual Symposium of the Thistletown Regional Centre for Children and Adolescents, to be held at the Skyline Hotel, Toronto, on 20 and 21 September. Further information from The Secretary, 1979 Thistletown Symposium, 51 Panorama Court, Rexdale, Toronto, Ontario M9V 4L8, Canada.

The next **Introductory Course in Personal Construct Psychotherapy** at the Royal Free Hospital School of Medicine will start on 8 October, for twenty Monday afternoons. The fee will be £50: £20 for postgraduate students. Applications to Dr Fay Fransella, Academic Department of Psychiatry, Royal Free Hospital School of Medicine, Pond Street, London NW3 2QG.

An **Introductory Course in Family Therapy** will be held in Edinburgh on Monday afternoons, over three terms beginning on 15 October. Further information and application forms from the Development Secretary, The Scottish Institute of Human Relations, 56 Albany Street, Edinburgh EH1 3QR.

A **Postgraduate Seminar on Current Trends in Psychiatric Treatment** will be held from 24-26 October. Further information and application forms from Dr T. G. Tennent, St. Andrew's Hospital, Northampton NN1 5DG.

An **International Symposium on Current Perspectives in Lithium prophylaxis** will be held in Vienna on 19 and 20 October. Further information from Dr Gerhard Lenz, Psychiatrische Universitätsklinik Wien, Währinger Gürtel 74-76, A - 1097, Vienna, Austria.

The **Ninth European Congress of Behaviour Therapy** will be held in Paris from 4-7 September. Details from the Secretariat, Centre de Sante Mentale, 152 Avenue de Wagram, 75017-Paris.