

I doubt whether this is true in Fife or in many other areas; when it obtains there seems little point in the main residential or community provisions for the mentally retarded remaining under continuous psychiatric (or medical) supervision. In the meantime, it appears that we are conducting a rather expensive holding operation.

T. L. PILKINGTON.

*Edinburgh University Department of Psychiatry,  
Morningside Park,  
Edinburgh EH10 5HF.*

#### NURSES FOR CHILDREN'S UNITS

DEAR SIR,

The setting up of in-patient units for children and adolescents is creating an increasing demand for staff with special experience in the management and treatment of disturbed children. At present there is no specific training or career prospects for such staff. The qualification for psychiatric nurses is obtained by three years' training in a mental hospital with adult patients, and for paediatric nurses by three years' training in a general hospital, working with children with severe physical illnesses, the majority of whom will be infants. Neither of these courses of training prepare staff for work with disturbed children or adolescents, and they may even lead to methods and attitudes which will be disadvantageous. People with an aptitude for working with disturbed children do not necessarily have an aptitude for, or interest, in working with adult patients or physically ill children, and there is no reason why they should. The prospect of three years' training in a course which has very little bearing on the work in which they are interested may put off a large proportion of very good candidates.

At present the grade of Assistant Nurse is all that we can offer people with no nursing qualifications, regardless of what their qualifications are in other fields. Our advertisements for assistants in my Children's In-patient Unit are always answered by

a large number of people, and the applicants often include people with teaching qualifications and University degrees. Such people are sometimes prepared to work for a year as an Assistant Nurse, because of the valuable experience, but one cannot expect anybody who is good enough to do the work to remain as an Assistant Nurse for long. The result is that these excellent people with a genuine aptitude for the work have to leave, either to train in nursing or to go into some other field of work with children, such as teaching.

In my view a suitable pay structure and career should be available for people wishing to work in residential care of emotionally and behaviourally disturbed children. The qualifications following a suitable period of training should be recognized in all fields of residential work, hospital, approved schools and children's departments, and should lead to good pay and career prospects. I suggest that our Association might give urgent attention to the problems of establishing courses, qualifications and career structure for this highly specialized work.

CHRISTOPHER J. WARDLE.

*The Dryden Clinic,  
Exe Vale Hospital,  
Dryden Road, Wonford, Exeter.*

#### A REQUEST

DEAR SIR,

The Research and Clinical Section would like to present at their Open Meetings research which is either in progress or completed but not yet published. Anyone wishing to present a paper at the Quarterly Meetings of the R.M.P.A. is invited to write to the Clinical Secretary of this Section, Dr. B. M. Barraclough, at this address, providing a short summary of the method and results.

PETER SAINSBURY.

*Chairman of the Executive Committee of  
the Research and Clinical Section.  
MRC Clinical Psychiatry Research Unit,  
Graylingwell Hospital, Chichester, Sussex.*