What the College should be striving to do is to teach future Members to use their clinical judgement with sensibility and full understanding. Of course certain patients become dependent on a drug—any drug will do—and it is a poor psychiatrist who does not recognise the vulnerable patient and the potential dangers, and cope with them effectively if and when they arise.

I deny that with a competent psychiatrist, the risk of benzodiazepines far outweigh the benefits. The College makes idiots of its Members when it publishes statements like this in their name, and I for one feel aggrieved.

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Limitations of Section 36

DEAR SIRS

With the introduction of Sections 35 and 36 of the 1983 Mental Health Act, it was intended that offender patients would have the opportunity for proper pre-trial assessment and treatment in hospital. However, there are practical difficulties with both these Sections. Problems relating to the lack of a treatment provision under Section 35 (Remand for a medical report) have been described by Finnegan and Higgins (*Bulletin*, November 1985, **9**, 226). Unfortunately, Section 36 (Remand to hospital for treatment) is not always a viable alternative. The Order can be made only by a Crown Court and, if an individual urgently requires treatment, it is undesirable and inhumane to postpone treatment whilst months elapse before the case reaches the Crown Court. Another difficulty may arise when the maximum length of the Section (12 weeks) lapses before either the patient responds to treatment or if the case is not dealt with by this time.

These problems arose with a patient who was admitted under my care under Section 36. He and two co-defendants were charged with offences of wounding. He was remanded in custody where he was assessed by a psychiatrist from his local hospital where he had been previously treated for schizophrenia. He was assessed as being unfit to plead and a recommendation was made for his admission to hospital under Section 36. As he had been charged with a serious offence and had a history of repeated absconding from an open ward, I was approached regarding his admission to the secure unit. A date had been set for Crown Court and a Section 36 Order was made. His response to treatment was unfortunately slow and it was necessary to renew the Order after four weeks on two occasions. Towards the end of the 12 week period, his mental state had improved to the extent that he was fit to plead. However, the Judge wished to try his case at the same time as his two co-defendants and, for various administrative reasons, it was not possible to list the case until well after the expiry of the Section 36.

Theoretically the patient could have continued his treatment in hospital on a condition of bail with a simultaneous application of a Treatment Order under Section 3. This option was considered but rejected on the grounds that the patient had instructed his solicitor that he wished to return to prison to join his brother, one of his co-defendants. The solicitor therefore felt unable to make an application for bail with a condition of residence in hospital, and it was decided to recommend continued detention in hospital under Section 48 (transfer of a remanded person to hospital). As this Order can be applied only to an individual suffering with mental illness or severe mental impairment, on remand in prison (on the authorisation of the Home Secretary), it was necessary for the Judge to remand the patient in custody on the day before the expiry of the Section 36. This enabled a 'paper' transfer to take place; the patient remained in hospital and the Home Office authorised the Section 48 on the date of the expiry of the Section 36. With hindsight, the most appropriate initial recommendation would have been a Section 48 which has no time limit.

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Applying for senior registrar posts

DEAR SIRS

I was interested in Dr N. Holden's letter giving details of an analysis of senior registrar candidates and the high standard seen amongst the applicants (*Bulletin*, February 1988). I was fortunately one of the candidates that applied and learnt from the experience. Although I did not succeed in getting the post I can say that I gained from going to the interview. The interviewers were polite and sensitive to the fact that some people can find them very anxiety-provoking. Tea was served in the afternoon and the people who did not get the job had an opportunity to receive feedback on their performance and ways of improving their future applications. I was therefore pleased that Dr Holden produced these results and spread the learning experience to other people.

Recently I had the misfortune of being invited to an interview which I regretted going to. A map was not included in the letter and I had to struggle to find the venue. I arrived on time to find that I was the only candidate outside the interview room, and I did not see any other interviewees at all. I did not really understand what was going on and found the interviewers unwelcoming. My interview was scheduled for 15 minutes but lasted 30. I was asked to wait outside. Eventually, an administrator came out of the interview room and was surprised to see me waiting! She told me in a matter of fact way that "they were not going to appoint anybody today". I felt as though I did not matter. I think that they were very insensitive and inhospitable. I have never treated a guest like that. I had a long drive back to Nottingham.

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