research projects were to be funded and under way, each project would make some contribution to the funding of the Research Unit superstructure, and the Director would have responsibility for the overall supervision of these projects, although it is likely that he would be the research worker in only one of the projects. Funding for these research projects would be sought from the Appeal, and the equivalent proportion of funding that a university would require for overheads would in this instance go towards the costs of the Research Unit.

The Research Committee welcomes Professor Eccleston's letter and hopes that this will stimulate further debate. We would reassure him that the Committee does include junior psychiatrists. We would welcome the possibility of a College fellowship for training in research, but would point out that to employ a psychiatrist at, for example, senior registrar level for this fellowship would be expensive (perhaps approaching half the cost of the complete Research Unit); it would not necessarily further the type of research that the College alone can undertake. We would, of course, be delighted to see some of the profits of the *Journal* used to support College research.

The Research Committee has been critical of the present Research Option in the MRCPsych Examination for some time and we have made several suggestions for mitigating the deleterious effects of the Examination upon research. There is an increased interest and involvement in small-scale research projects by trainees over the last two to three years, as evidenced by the Trainees' Session at the Annual Meeting, pioneered by the Research Committee. We would consider that allowing some candidates to sit the Membership Examination after two years in psychiatry and only collecting their diploma after evidence of involvement in research had been demonstrated in the third year would redress some of the harmful effects of the Examination upon research. Psychiatric trainees are becoming increasingly aware that research productivity plays an important part in their promotion to senior registrar posts, for which competition is becoming more intense. There is, however, a serious deficiency in the opportunities available because of the present difficulty of pursuing a career in psychiatric research. No solution to this deficiency has yet been found.

A. C. P. Sims
Chairman, Research Committee
17 Belgrave Square
London SW1

'U' Approval status

Dear Sirs

A recent College Approval Visit on which I was the Trainee Representative, prompts me to write to you. The category recommended by the Panel was 'U', and while I was in complete agreement with this recommendation, I sympathized with the feelings of the local consultants. Their view seemed to be that without Approval they could not attract good junior staff, without junior staff their vacant consultant post would not be filled, with unfilled posts the demands on the remaining consultants would be such that the service to patients would suffer. This latter point was stressed particularly by one of the GP Vocational Trainers who was very much concerned, not so much as to what would happen to his trainees, but for what would happen to his patients.

It struck me that this must be a reality which other hospitals have faced or, increasingly perhaps in the future, will face. I wondered if the *Bulletin* would be a useful forum in which to discuss the difficulties and, possibly, advantages of being Unapproved for training.

D. L. Patricia Marshall
Memorial Hospital
Darlington

Closing down the mental hospitals

Dear Sirs

Surely Peter Sedgwick (*Bulletin*, February 1983, **7**, 22–5) is putting the cart before the horse in blaming Tory politicians for the expulsion of large numbers of chronically ill patients from the mental hospitals?

It is hardly surprising that the politicians, confronted with the choice of (a) keeping the hospitals open at great and ever-increasing cost, and (b) closing them down, should have been attracted to the latter plan, especially as it was put to them that the mental hospital was an anachronism, that closing down these hospitals was quite feasible and would in fact be a great advance from which the patients involved could derive only benefit, and so on. Is he suggesting that left-wing politicians would have decided otherwise in the circumstances?

The decision to run down the mental hospitals was certainly political rather than medical (unlike the reduction of numbers of patients in the infectious diseases hospitals and the tuberculosis sanatoria, which was a direct result of advances in prevention and treatment), but I do not think that one can put the blame on any particular party.

Now that the unfortunate consequences of the policy are increasingly evident, would it not be more constructive to try to repair some of the damage rather than to look for scapegoats?

W. J. Stanley
98 Station Road
Marple, Cheshire

Dear Sirs

I read with great interest Peter Sedgwick's article, 'The Fate of Psychiatry in the New Populism' (*Bulletin*, February 1983, **7**, 22–5).

To many of us working and planning in the mental health

field, the approach of some responsible bodies towards the development of psychiatric services certainly appears to suggest 'an excessively economic motivation for the most recent period of the shift towards community services at the expense of the mental hospital'.

However, Peter Sedgwick's statement that 'no mental hospital has actually yet been closed down' is untrue. Holloway Sanatorium, Virginia Water, Surrey, was a hospital of 700+ beds with a national reputation for the care of the mentally ill. Sadly, the Sanatorium was closed in December, 1980.

Holloway Sanatorium took on a National Health Service catchment area in 1968 and continued to provide a busy service for most of North West Surrey right up until the day of closure.

Although several smaller psychiatric hospitals had closed before Holloway Sanatorium, we believe the Sanatorium was the first psychiatric hospital with a catchment area to close, and certainly the first to close while actually giving a service.

STEPHEN CRASKE

St Peter's District General Hospital
Chertsey, Surrey

Consultant psychiatrists in mental handicap

DEAR SIRS

Those of us who are working in Wales are well aware of the recommendations of the All Wales Working Party Report on the future development of the Mental Handicap Service in the Principality. Transfer of resources from the Health to Local Authorities may be a good thing for the majority of mentally handicapped people and their families, provided these resources are specifically used for their benefit. But a significant minority of the moderately and severely mentally handicapped, multiply handicapped, mildly handicapped with personality and behaviour problems, and those with emotional and psychiatric problems as well as families under stress and in crisis also need the therapeutic environment of a hospital or hospital unit.

This extremely important need of the service has not only been given no significant place in these recommendations, but, on the contrary, the closure and run down of mental handicap hospitals and no further development of new hospital units has been strongly recommended. One can see the reduction in the size of large institutions—which can only be good for patients and the staff, but it is hard to understand the logic of closure. I think we are all aware of the implication of such measures. The role of the consultant psychiatrist in mental handicap has always been precarious and seems to be more ambiguous and confused with the changing trends and policy in this field. This again has serious implications for the care of the mentally handicapped as well as for the future recruitment of able, enthusiastic young trainee doctors to this 'specialty'—already a difficult problem.

I would like to raise this very much neglected issue of Mental Handicap as a specialty of psychiatry and the role of consultant psychiatrists in this context, particularly in view of changing policies and trends as a result of the influence of powerful pressure groups like MIND and MENCAP in dictating these changes. I hope the views of my colleagues and the College will be expressed and discussed in the near future.

T. HARI SINGH

Hensol Hospital
Pontyclun, Mid-Glam

Psychiatric Charge Nurses and their conditions of work

DEAR SIRS

Sadly, it is now rare for any Charge Nurse responsible for a ward within a psychiatric hospital to be always present at the most critical times during working hours, viz. during the mornings and afternoons of each weekday. These are the times when routine admissions, ward rounds, consultations with social workers or occupational therapists, removal of blood for tests, interviews with key relatives, preparation of patients for ECT, the administration of ECT itself, supervision of drug rounds, participation in group work and the like, take place.

Unfortunately, the present system of payment laid down by the Whitley Council encourages an emphasis on shift work. Consequently a Charge Nurse will often prefer to work in the evenings and at weekends where there is a choice.

This state of affairs inevitably means that there tends to be considerable lack of cohesion and co-ordination, with resultant misunderstandings, delays and also lowering of morale.

While there is nothing anyone working within a psychiatric hospital can do about this directly, it might well be that your readership can see ways out of this dilemma. After all, for many years now, there has been endless talk about ensuring that the standards of patient care do not drop.

K. M. G. KEDDIE

Sunnyside Royal Hospital
Montrose

The Mental Health (Amendment) Act—a personal view

DEAR SIRS

It seems that the Mental Health (Amendment) Act is destined to become law before very long. It has never ceased to amaze me how English psychiatrists, in particular the Royal College of Psychiatrists (who after all are to be operating the Act) seem to have accepted it with the minimum of fuss. The one successful feature of the yet untested Act is its general flavour of bias against psychiatrists.