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

*Metabolic Research Unit,*
*High Royds Hospital,*
*Menston, West Yorks.*

## 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.

F. A. Jenner

*University of Sheffield Department of Psychiatry,*
*Hallamshire Hospital,*
*Glossop Road,*
*Sheffield S10 2JF.*

## 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

*Institute for African Studies,*
*University of Zambia,*
*PO Box 900,*
*Lusaka, Zambia.*

## 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

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 specialty 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