

- of a full-time officer is also desirable for reasons previously mentioned.
- (b) Community Physicians would not be necessary if the problem of old buildings and overcrowding were alleviated.
 - (c) The present Senior Medical Officer provides the co-ordination of medical services within an institution.
 - (d) Forensic psychiatrists should have spent at least a few months as full-time Prison Medical Officers before appointment.
 - (e) Why is it thought that forensic psychiatrists are better able than Prison Medical Officer psychiatrists to write court reports?
- (3) Prison Medical Officers are made at present to feel very much the poor relations of the psychiatrist—what NHS grade would we be offered?
- (4) We in the Prisons are also pushing all the time for better facilities for the benefit of our patients and staff—a look at the National Health Service does not lead us to believe that we would get them from that direction.
- Reform is vital in all areas of the prison system, but it will have to come from within.

R. J. WOOL

*H. M. Young Offender Centre,
Glen Parva,
Leicester.*

WHAT'S WRONG WITH PSYCHOGERIATRICS?

DEAR SIR,

I anticipated that my article in the *Bulletin* for May 1979 would provoke some adverse response, so I was not surprised by the appearance of Dr Mills' letter in the *Bulletin* for July.

Perhaps he unwittingly illustrated one of my points about the general unsatisfactoriness of matters psychogeriatric in administrative circles by taking space to point out that (a) the constitution of AACs was immutable, and (b) that there was no College recommendation for a geriatric physician to be on such a Committee—only to add a postscript that I was in fact correct on (b) and might even (subject to a ruling from the Welsh Office) be correct on (a). In any case, why should the 'senior potential colleague' nominated by the Authority not be the local geriatric physician? After all, working with that person will be one of the main tasks of a newly-appointed psychogeriatrician.

If I gave the impression that I was saying that an Assessor's preference of candidates was to be followed, I apologize. What I was attempting to say was that it was within my experience to have my statement rejected when I said that one candidate did possess adequate experience in the psychiatry of old age where others—including the local favourite—though adequately experienced in general psychiatry had little or no knowledge of the subspecialty for which they were being interviewed.

Dr Mills ends with a plea for us to 'struggle on' and make the best of the imperfect world in which we live. We do, constantly. But the Sub-Dean's article in the *Bulletin* for January 1979 showed that something was seriously wrong in the field of psychogeriatrics, that poor jobs were and still are being produced and advertised. Those of us on the College's panel of Assessors for such posts have known this for some time. Should we really be content to 'struggle on' and not at least discuss the problems?

D. M. D. WHITE
Consultant Psychiatrist

Hereford General Hospital