

First, I did not say, and would not wish to imply, that the basic sciences will be examined as a *minor* part of the Membership Examination. Second, it is the Membership Oral Examination—always concerned with clinical topics—which would be replaced by the 'second clinical'.

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*Chairman of the Working Party for the  
Review of the MRCPsych*

### ***Sudden deaths in hospital***

DEAR SIR

I would like to comment on the article by Dr Crammer entitled 'In-patients sometimes kill themselves' (*Bulletin*, January 1983, 7, 2–4). This is obviously an important topic and needs to be brought from its usual dim position more into the light. However, although there was interest in his account of discussion meetings with all manner of staff from management teams to porters in order to better elucidate procedure and offer support to the staff, patients seem to be totally left out.

In my experience fellow patients very often know about the mental anguish of the dead person prior to the suicide, and have much knowledge too of what he may have done on the day of the act itself. The in-patient group also responds to a death in its midst in many ways from guilt to depression to dissociation. I would suggest that it can be of great therapeutic value and benefit to the other patients who have to live and mourn with a death in their midst if there can be an emergency ward meeting for staff *and patients*. Patients implicitly expect safety and to be cared for by mental health professionals, however depressed and suicidal they are feeling. The great anxiety engendered by the fragmentation of this safety can be dealt with and a valuable opportunity to discuss with the patient group about endings and beginnings can follow on when a death can be tentatively approached by those who survive, including the staff.

Dr S. Gladwell and I did some unpublished research a few years ago into examining the deaths of patients in a large mental hospital from 1958 to 1974. Of the fifteen deaths by suicide we discovered, four of these had not had a physical examination recorded in the notes. I am not writing this to criticize hospitals or doctors, and it is possible that they were examined and it was not recorded. However, it may be that patients who were in very regressed states of mind somehow were not able to be 'put into doctors' hands' in the literal sense and have the experience of being held by the doctor. I think that this induction into the hospital of the suicidal and regressed patient is of the utmost importance, as are the more well-known areas of such patients being bathed and fed.

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### ***Historical ephemera***

DEAR SIR

I have found on approval visits for the College that there is a great wealth of historical interest in the older psychiatric hospitals. I am sure there is a need for someone to co-ordinate not only the local history of these hospitals, but also old and new photographs. Most hospitals have their own photographs of certain buildings in their library and also a modest history of their psychiatric hospital. Is it possible for the College library to be responsible for such ephemera? I would also like to propose that each psychiatric hospital is contacted to give details of what is available and also what is needed to make its past and present history complete for posterity.

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### ***Planning registrar and senior registrar training in mental handicap***

DEAR SIR

I wish to refer to Dr H. G. Kinnell's reply to my letter (*Bulletin*, September 1982, 6, 163) and to state that the views expressed in no way reflected training facilities in Boleys Park Hospital.

If I could refer to my original letter again, it took a general view in the country as a whole without reference to any particular institution.

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### ***ECT in America***

DEAR SIR

Despite the disclaimer on the front of the *Bulletin*, it is possible that some of its contents might find their way into the press as evidence of authoritative opinion. There are so many attacks upon electric shock treatment these days that this valuable treatment is sometimes in jeopardy on both sides of the Atlantic.

I therefore hasten to write to you concerning Dr Bick's amusing and interesting commentary upon psychiatric training in America (*Bulletin*, January 1983, 7, 11–12).

The indications for electric shock treatment are internationally recognized by well-trained psychiatrists and are the same on both sides of the Atlantic.

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