

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 MRC Psych 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.

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Chairman, Research Committee

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'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.

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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?

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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