Throughout the years during which he held office in the RMPA/College he was Consultant Psychiatrist and Physician-Superintendent at Long Grove Hospital, and he did much pioneering work there both in adolescent and in administrative psychiatry. If all this was not enough to keep him busy, it is said that gardening is his hobby; one can only hope that too many weeds do not flourish in his garden.

On a more personal note, when I first came to know Ben Monro—it was about 1946 when he was at Narborough—I was struck by his boyish charm of manner and the touch of gaiety in his talk. Twenty years later he had become a cautious speaker who always seemed to weigh his words with care and who spoke them in a dignified manner, displaying at times a touch of gravity. Such are the maturing effects of responsibility in high office.

On 1 February of this year Dr. Monro becomes one of the Lord Chancellor's Medical Visitors. He leaves us with our enduring thanks for what he has done for us, and we wish him well in the responsible, though less onerous, tasks ahead.

FRANCIS PILKINGTON.

AUTUMN MEETING, 1972

At the Quarterly Meeting held on 16 November 1972, the Acting Registrar reported on a number of recent developments.

The representatives of the College on the Joint Committee on Higher Psychiatric Training will be, in addition to the President and Dean, Drs. C. P. Brook, W. O. McCormick, T. F. Main, G. C. Timbury, W. Warren and Professor A. Munro. As announced previously, this is a joint committee on which six representatives of the Association of University Teachers of Psychiatry will serve; these representatives will be Professors I. Batchelor, A. H. Crisp, M. G. Gelder, J. M. Hinton, N. Kessel & H. J. Walton.

A joint committee has now been set up with the Royal College of Physicians to discuss matters of mutual concern. The two Presidents will alternate as Chairman of the committee's meetings and one of the immediate matters under consideration will be that of the D.P.M.

The process of accreditation continues. At present special panels are considering applications received from specialist hospitals and units for accreditation for purposes of general professional training. The Court of Electors is currently revising the 1970 memorandum on Educational Programmes for Trainees in Psychiatry, and this will then be referred to the Education Committee for further comment.

The elections for Affiliate/Inceptor observers on the Standing Committees will be organized through the Regional Divisions of the College. The Association of Psychiatrists in Training has also been invited to nominate one observer on each of the Standing Committees, a procedure which will be reviewed annually in the light of of changing circumstances.

Dr. D. F. Early has been nominated to serve on the committee which is to advise the Department of Health and Social Security on the Employment Medical Advisory Service.

It was resolved that due record should be made of the decisive part played by Mr. David Downs as our legal adviser in obtaining the Supplemental Charter, and the College's appreciation of his outstanding skill in the delicate negotiations with the Privy Council.

THE MEMBERSHIP EXAMINATION

November 1972

List of Successful Candidates

M. I. Akhter
R. T. Allen
J. M. Annear
B. H. Anstee
J. T. Antony
F. T. Antun
M. Atkins
M. O. Aveline
A. R. Bailey
C. B. Ballinger
N. Baloch
W. P. Bant
V. T. Baraniecka
S. P. Baxter
H. L. Behr
E. M. Bell
P. Berks
F. Berry
A. B. Bevan-Jones
M. Bhakta
A. M. Bilal
E. Bindman
H. Biswas
S. Biswas
D. J. Black
D. F. M. Black
E. E. Blackstock
S. Bloch
S. M. Blunden
C. L. Brewer
G. W. K. Bridge
C. S. Britten
B. M. Bromham
D. J. Brooksbank
F. R. B. Brown
A. W. Burke

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A. J. Burnfield
D. M. Burton
P. J. Callaghan
P. L. Campbell
J. Candy
I. R. Card
A. G. Carroll
C. Chakraborty
S. K. Chakravarti
R. F. Chambers
M. G. T. Chapman
P. A. L. Chapple
W. J. Charles
K. T. Chee
M. N. Cheng
C. M. T. R. Chinniah
Y. S. Christopher
I. Mc. Clark
N. Mc. Clark
J. Close
A. S. Cockburn
F. H. Connolly
T. A. Conroy
C. G. Conway
A. J. Cordingly
A. D. Cox
E. J. Dabbs
R. C. Dassanayake
G. Davies
T. G. Davies
M. M. Desai
M. Mc. Dewar
H. J. L. Dickinson
P. R. Dove
S. K. Dutta
P. R. Eastwood
P. G. Eames
W. R. Eaton
C. C. Enfield
M. M. Feldman
S. J. Finley
G. S. M. Fitzpatrick
K. G. Flack
P. M. Fleming
R. Fleminger
M. W. Forth
R. Framrose
R. A. Franklin
R. M. Fraser
A. R. M. Freeman
U. de H. Freeston
K. J. F. Friend
A. H. Fry
A. J. Gardner
R. Gardner
D. Gaspar
J. George
F. A. M. Ghali
P. Goddard
J. D. Gomersall
A. Mc. Gordon
M. H. Greenwood
A. Guthrie
P. D. V. Gwinner
R. J. Hafner
C. V. Haldipur
H. A. Hamed
E. M. Hamill
E. J. Harbott
T. W. Harding
B. B. Harris
T. E. Harris
J. G. Hebditch
T. P. Herriott
H. I. Hershon
B. N. Herzberg
P. D. J. Hettiaratchy
H. R. Hewland
D. Hide
J. Higgins
E. P. Hilary-Jones
D. Hollander
D. H. G. Hopkins
M. E. Horsey
L. K. G. Hsu
J. I. Hudson
Z. Huq
N. Husain
M. F. Hussain
F. M. Hutton
J. M. Hyland
H. U. Ihezue
J. M. Inward
A. B. Jack
E. B. A. Jacobs
E. C. W. James
N. Mc. James
V. E. James
J. C. F. Jayasuriya
J. E. Jeans
B. John
F. A. Judelsohn
R. S. Kalucy
R. H. Karelse
N. H. Katara
S. P. Keane
H. M. Kelly
P. F. Kennedy
M. C. Khan
D. J. King
G. K. J. King
V. R. Kirubakaran
A. M. Kitumba
H. M. Klar
D. R. Knight
T. Kolakowska
R. Kumar
A. Landa-Font
I. R. Lanman
W. R. Layland
F. J. Leigh
G. W. Libby
C. R. Lindsey
M. S. Lipsedge
D. O. Lloyd
W. P. Lopes
F. M. Lotaief
L. Low-Beer
R. N. Lucas
D. J. McAleer
P. F. McCance
A. C. Macfie
J. N. M. McIntyre
J. A. C. MacKeith
R. S. MacKinnon
M. O. McLachlan
N. I. McPhail
A. Madan
B. D. Maguire
A. Majid
A. A. Malik
A. H. Mann
V. Maragakis
E. Mateu-Lopez
A. B. Mawson
M. J. Michalacopoulos
M. Millington
P. Mills
J. F. E. Moody
V. H. Morcos
D. J. Morris
M. H. Mubbashar
J. Muhangi
B. J. Muir
J. A. Mullaney
G. E. Mullett
W. Murdoch
J. B. Murphy
J. Murray
A. L. Mutchell
B. R. S. Nakra
T. U. K. Nasir
M. H. Nelson
A. R. Nicol
R. Noguera
D. Nugent
C. M. H. Nunn
M. M. O'Connor
M. Okasha
D. P. Ollerenshaw
P. C. Olley
L. C. Ooi
E. P. Owens
R. A. Oxlade
V. R. Pandita-Gunawardena
W.-L. Pang
P. Partovi-Tabar
R. P. Patel
A. Pearce
P. E. Pencheon
E. B. Petersen
T. A. Phillips
B. Pinkey
M. R. Pokorny
A. J. Poole
J. C. Powell
A. Prabhakar
M. J. Price
S. A. Qadeer
M. Ravey
A. H. Reid
H. Richards
N. S. Richman
M. W. Riddall
Z. A. Rizvi
J. A. Robertson
J. R. Robertson
M. F. Robertson
J. N. Rogers
R. A. B. Rorie
W. M. Rostron
M. A. Rowton-Lee
J. A. O. Russell
E. S. M. Saad
B. I. Sacks
A. E. A. A. Salama
M. H. Salasa
S. A. H. Saleh
C. R. Samanta
K. Sathananthan
S. Sathananthan
N. Savla
L. G. Scarth
S. Scicluna
J. A. Shaby
N. Shanmuganathan
V. C. Shannon
V. N. Sharma
A. R. Siddiqui
P. H. Sills
G. Silverman
H. R. Simons
H. S. Sinharay
D. G. Mc. Slyfield
B. A. Snowdon
S. Soni
M. P. Spellman
D. J. Spencer
K. F. Standage
D. Steinberg
R. S. Stern
M. P. Sternberg
W. A. Stewart
G. G. Stimpson
D. E. Suleman
M. H. Sunderland
I. H. Syed
R. L. Symonds
G. H. A. Tate
E. R. Taws
T. C. Taylor
G. Theano
I. R. Thornber

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C. P. Treves Brown
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M. M. Warsi
K. M. Wartnaby
R. D. Watson
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D. J. S. West
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M. D. Young
R. E. Young
Y. O. Younis
H. A. Youssef
H. Zeitlin

MEMORANDUM ON THE DISTRIBUTION OF REGISTRAR AND SENIOR REGISTRAR POSTS IN ADULT PSYCHIATRY (MENTAL ILLNESS, ADULT)

Prepared for the Central Manpower Committee

General considerations

This Memorandum has been prepared by the Royal College of Psychiatrists in order to convey to the Central Manpower Committee proposals for monitoring the distribution of registrars and senior registrars in psychiatric posts in England and Wales. Child psychiatry and mental subnormality will not be considered in the Memorandum in view of the serious problems of recruitment into these specialties, and redistribution of junior staff would be inappropriate. Members of the Royal College are grateful to the CMC for this opportunity to formulate their own proposals, given the precarious state of manpower resources within the psychiatric services.

It is important to bear in mind a number of factors peculiar to the manpower situation in psychiatry which contribute to the vulnerability of the psychiatric services in this country:

1. Manpower resources in psychiatry have been affected adversely during recent years, since the pursuit by the Department of Health and Social Security of policies which have led to a virtual 'freeze' of registrar and senior registrar establishments, and to a 'moratorium' on the grade of medical assistant. There has been a considerable drop in the recruitment into psychiatry of doctors born and trained in Britain, and consequently an excessive and harmful dependence on overseas doctors (1). The moratorium on the medical assistant grade has had serious repercussions on the psychiatric services, which have long depended on more experienced medical assistants for continuity of care of patients who have spent long periods of time in psychiatric hospitals.

2. Increasing demands have been made on the psychiatric services in the last fifteen years, particularly in relation to the development of active programmes of treatment and the provision of continued care in the community. The psychiatric profession has given strong support to these developments, but these have been slowed down by shortages of manpower and resources. The unification of the Mental Health Service and the transfer of the centres of patient care from the large psychiatric hospitals to the smaller units within the district general hospitals will make greater demands on all grades of psychiatric staff. To meet these demands, a considerable expansion of psychiatric staff is necessary, as has been indicated by the Tripartite Committee which studied Mental Health in a Unified National Health Service (2). But there are clear signs that this expansion will not be forthcoming.

3. Complaints about the standards of patient care in psychiatric hospitals are currently made with monotonous regularity. In one recent instance (3), where the allegations were found to have some substance, the Committee of Inquiry attributed the failures partly to the insufficient level of specialist medical staffing. It was added that these deficiencies in staffing had been shown to the DHSS and to the Regional Hospital Board concerned, but this had not resulted in action to remedy them. It is likely that a similar situation prevails in several other psychiatric hospitals in the country, for most practising psychiatrists are aware of serious deficiencies which they cannot personally remedy.

4. It appears that, *in general*, there is no imbalance in medical manpower between psychiatric teaching and non-teaching hospitals, such as would compare with that prevailing in other specialties. This is not to say that there is no maldistribution: the absence of any significant expansion in junior psychiatric staff in recent years has meant that new units have often been grossly understaffed, whether these units are in 'non-teaching' district hospitals or in academic departments.

Conclusions

The preceding remarks indicate that there are fundamental ills of a general nature affecting psychiatric manpower. It would be a mistake to conclude that no action should be taken in redistributing manpower until remedies have been found for the more general disorders, for such remedies are likely to require a relatively long time-scale for their

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