locally by the doctors, social workers and administrators concerned.

(4) Related to Section 26 of the Circular, it is agreed that dementing patients with significant physical disease in geriatric wards can present very difficult nursing problems, and that a double qualification, general and mental, would be desirable for some of the senior nursing staff. In spite of this, and in spite of frequent psychiatric consultations, some patients (whether at times ambulant or not) may continue to exhibit behaviour problems of such severity and persistence that they may have to be transferred (possibly only temporarily) into the charge of the psychiatrist. Alternatively, these patients might be received for a short period into the Joint Assessment Unit, where such exists.

(5) Anxiety is shared about possible closures of mental hospital wards for patients suffering from dementia before sufficient suitable alternative accommodation has been provided. Disquiet is felt about the long-term management of dementing patients in projected community hospitals and in local authority accommodation for reasons of staff morale, of type of available facilities, and of lack of liaison with specialist services. It is feared that such places might degenerate into third-class chronic wards, though standards might be maintained if each catered for only a very small number of dementing patients, if there were adequate space, if the wards were in close proximity to other facilities, and if they were integrated into rotational training schemes for nurses and doctors. It is suggested that two or three years after some of the units for elderly demented patients in community hospitals have come into being a thoroughgoing reassessment of their care ought to be made.

(6) It would be very desirable if the holders of one or two consultant psychiatrist posts in each area devoted the larger part of their time and interest to mental disorders of late life. A geriatrician should be nominated to the Advisory Appointments Committee for these posts, and vice versa one of these psychiatrists should be on boards concerned with the appointment of consultant geriatricians.

(7) However, it is feared that the recruitment of medical and nursing staff into the psychogeriatric services will remain unsatisfactory unless more emphasis is placed on the importance of geriatric psychiatry in undergraduate and pos-tgraduate teaching centres. There should be facilities for senior registrars and senior nurses to gain experience in geriatrics in relation to geriatric psychiatry within teaching units, in the hope of training for service first-class staff in adequate numbers, some of whom would without doubt also develop interest in research.

(8) This report is being distributed among all members of the British Geriatrics Society and the Royal College of Psychiatrists, as well as to the Department of Health and Social Security in the hope of fostering greater flexibility in patient management, especially changes in care as between geriatricians, psychiatrists and local authorities in response to the patients' changing needs rather than from administrative considerations.

The Joint Working Party which prepared this report affirm their readiness to meet again as soon as this appears desirable.

The members of the Joint Working Party were: T. H. D. Arie (R.C.Psych.), Philip Arnold (B.G.S.), A. N. Exton-Smith (B.G.S.), D. W. K. Kay (R.C.Psych.), P. H. Millard (B.G.S.), Felix Post (R.C.Psych., Chairman), R. A. Robinson (R.C.Psych.), John Wedgwood (B.G.S.).

[An independent article on the subject appears elsewhere in this issue.]

The Standing Committees

The Association of Psychiatrists in Training have nominated the following observers to Standing Committees of Council: Public Policy Committee, Dr. Paul O'Farrell; Education Committee, Dr. Anthony W. Clare; Research Committee, Dr. Sheila A. Mann.

The Membership Examination April/May 1973

List of Successful Candidates

Aaronricks, P. J. F.	Allan, F.	Arroyave-Portela, F.	Ball, M. H.
Abdurahman, M. F. S.	Allen, D. J.	Asirdas, C. J.	Bannan, E. P.
A'Brook, M. F.	Allison, C. J.	Augustine, R. S.	Banner, E. R.
Aihie, E.	Al-Qassim, M. Z.	Babiker, I. E.	Bardhan, B. B.
Aitkin, C. V. E.	Ansari, M. A.	Bainbridge, D. W.	Barrington, P. C.

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