becoming lost in services where emergency cover is provided solely by general practitioners or consultants in a de-centralised fashion.

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Training schemes

Dear Sirs

The comparison of 'on-call' experience by P. Donnelly & K. Rice (*Psychiatric Bulletin*, May 1989, **13**, 237–239) makes interesting reading. Trainees and trainers need to take note of the wide variation in experience available to trainees in the United Kingdom. Variation exists as a result of services developing to meet the needs of the indigent population in the catchment area. In the College (1985) document 'Statement on Approval of Training Schemes for General Professional Training for the MRCPsych' it is significant that emphasis is placed on 'the efforts made to include all available types of local experience into a training scheme'. The College (1981) has recognised the need for any guidelines to permit individual training schemes the flexibility to offer a variety of experiences all acceptable for general psychiatric training.

The Nottingham Psychiatric Rotational Training Scheme, I hope, is not alone in offering trainees the opportunity of experience in a peripheral district general hospital based psychiatric unit. I have recently completed six months in general psychiatry in Mansfield about 15 miles from Nottingham. Most trainees spend at least six months in Mansfield. As there are more consultant posts outside teaching hospitals it follows that eventually most trainees will end up in peripheral psychiatric units at the level of consultant. It seems obvious that early experience at the periphery will prove of lasting value to all trainees.

Trainees in Nottingham and Mansfield are designated the consultant's nominated deputy for the Mental Health Act. I agree with Donnelly & Rice and consider it invaluable to have responsibility of using the Act. It appears a desirable feature for all rotations and possible with perhaps only minor modifications in existing working practices.

It is essential that prospective trainees are aware of the wide variation of experience and training available even on training schemes which fulfil the criteria for approval by the Royal College of Psychiatrists. This is an issue of concern to the Collegiate Trainees' Committee of which I am a member. We intend to produce a document which will provide prospective trainees with guidelines to assist them in selecting training schemes suitable to their own needs.

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The plight of the Special Hospitals

Dear Sirs

'Special Hospital Bashing' is a popular sport among journalists and TV reporters, as recently witnessed by the Cook Report documentary on Park Lane Hospital, broadcast on 22 May 1989. I recall ITV's documentary on Rampton Hospital – 'The Secret Hospital' – in May 1979. On that occasion strong criticism was levelled at Rampton Hospital, as a harsh, abusive, custodial institution, which offered its patients little progressive therapy. On this occasion the Cook Report concentrated solely on a particular danger inherent in treating dangerous psychiatric patients; namely, that following treatment, discharge of patients will occur, mistakes will surely eventually be made, and thus disasters of serious re-offending be occasioned, however rare one hopes such incidents might be. Balanced precariously as they are between the need to protect the public from dangerous psychiatric patients and the expectation that they will attempt to 'cure' the same, it is hardly surprising that the Special Hospitals make such inviting targets for journalists.

It is instructive to compare the plight of the Special Hospitals with that of the prisons. Paraphrased in brief terms, the Annual Report of the work of the prison services states that the primary function of the Prison Service is to keep prisoners in custody, with appropriate security, for the duration of their sentences. The rehabilitation of prisoners, or any equivalent, is not mentioned in the Prison Board's Policy

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