

these being drawn mainly from non-metropolitan, non-teaching areas. The task is fairly hard work, and not highly esteemed. About a quarter of the senior organisers were women, and a similar fraction were non-Caucasian, this being probably not atypical for consultant psychiatrists as a whole.

The second meeting was of the Board of Examiners for Part II of the MRCPsych. This commitment is not terribly hard work, but is highly prestigious. Hardly any of those attending were women, and the overwhelming majority were Caucasian, many of whom had accents strongly suggesting private education, and often holding teaching district appointments.

Is there any explanation for these major differences, or are they an artefact of small samples?

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DEAR SIRs

Dr Gareth Jones, on the basis of his attendance at two recent meetings, the one of Part I MRCPsych Senior Organisers and the other an Annual Meeting of the Part II Board of Examiners, implies that certain subtle and undesirable factors enter into the selection of Examiners as opposed to Senior Organisers with regard to our College Examinations.

May I hasten to point out that scrupulous care is taken to select Senior Organisers on criteria such as organisational ability, interest in teaching and in the examination process, besides perceived academic ability. There should be no question of the role of Senior Organiser being held in low esteem. All Senior Organisers undertake an induction course similar to that undertaken by Examiners, and part of their role is to examine candidates at their own centres when the need arises. Quite often, as in the case of Dr Jones, one individual may undertake both roles either concurrently, or at different times.

Dr Jones would be welcome to complete the data collection in his epidemiological study by also attending meetings of Part I Examiners and Part II Senior Organisers: I suspect that he would then feel reassured on the point he raises.

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*Chief Examiner*

### *Memories of the Maudsley*

DEAR SIRs

I am grateful to you for publishing the Maudsley JCR jottings with the memories and nostalgia that they evoked for me (*Psychiatric Bulletin*, December

1989, 13, 689–694). Given their content you may be surprised that I can remember the time with great pleasure but whatever the failings of electric light, television etc, there was a great camaraderie among the junior staff and friendships began then that have lasted to this day. There was much stimulating discussion, albeit punctuated by a twist of the head to the rear, which for many years after would betray a Maudsley training.

For the sake of historical truth, it should be noted that there were concerns other than light bulbs and so on, and a capacity for direct action not revealed in these jottings. During my time as secretary to the JCR, the whole of the JCR collectively produced a document critical of many of the practices of that time. The wards were run in a rather archaic fashion with multiple consultants with little feeling for the multi-disciplinary team. There was very little thought to the ward as a therapeutic milieu and patients were often treated with less sensitivity, privacy, etc, than was appropriate. This document was presented to the consultant staff and to their credit it was accepted and resulted in substantial changes in practice at the Maudsley. Readers of the jottings will not be surprised to learn that Griffith Edwards and Jim Birley were in the forefront of this initiative.

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### *Invitation*

DEAR BRITISH COLLEAGUES

I am preparing a book on *Gifts and Giving in Psychotherapy* within a dynamic/analytical framework. In a psychotherapeutic context the different aspects of this fascinating issue are comprehensive: acceptance/rejection, transference/counter-transference problems, gratitude/debt of gratitude, invasive motives, timing aspects, etc. At present I am in the phase of collecting clinical vignettes as dynamic illustrations to the theoretical sections in the book. In order to cover as many aspects as possible, you are invited to contribute to the book with 'gift-stories' from your consulting room. You are kindly requested to take the ethical implications of the project into account by 'camouflaging' your case-story – without missing the psychodynamic essence of it.

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