

intricacies of placing the field. It was unfortunate when—presumably under the impression that the man was a fielder—he directed the square leg umpire to position himself at silly mid off. I will pass over the umpire's comments, though he seemed to think he was back in a multidisciplinary situation and as a boiler man with strong union affiliations he clearly wasn't to let it pass unchallenged.

We ran into other difficulties. When we tried to order some cricket bats we discovered that because of expense the Service Headquarters had only two varieties—one too small and the other too large. They had called in expert cricketers to advise about this but the experts were unable to consult with us because they said they were bound by the Official Cricket Secrets Act.

The worst blow of all came when the umpire said play. We discovered we had no balls and in a way we felt emasculated. Our Captain said he would take this matter up as soon as possible and he led us off the field.

Our spirits, if nothing else, were restored by a somewhat

lengthy speech which he made. Some of us were moved to tears. Because, as he said, he came as a new boy he was able to approach everything with a completely open mind. ('Open mouth' said the square leg umpire.)

What he had learnt, he said, in his business life was to put the customer first. Now it was a matter of putting the Patient Spectators first, for that, he said, was what the hospital cricket team was there for.

He said he had noticed that there weren't as many Patient Spectators as he had hoped to see. We had to break it gently to him that the wise counsels of the National Cricket Service had urged as many such people as possible to leave the hospital cricket grounds and instead to seek the comforts and benefits of the local public parks where they could be seen all day sitting on the benches under the impression that it was something to do with community cricket.

Once again: Who's for Tennis?

EZRA THE SCRIBE

The College

Natalie Cobbing Travelling Fellowship (Psychiatry of Mental Handicap)

A Fellowship (value £2,000) will be awarded every two years by the Royal College of Psychiatrists to further the training of specialists in this branch of psychiatry by enabling them to extend their experience with travel to appropriate centres overseas.

Applicants must submit an account of their previous experience in this field and a reasoned account of their training needs and how the specialty might benefit from their use of the Fellowship. They must also submit evidence in the form of published or unpublished work that they would be an appropriate recipient of the Fellowship.

1. All applicants must possess the MRCPsych.
2. All applicants must be working in the United Kingdom or Republic of Ireland.
3. Applicants, who must be under the age of 40, may be of senior registrar or consultant status within three years of appointment.

4. Applicants must submit: (i) a curriculum vitae; (ii) the names of two referees; (iii) a proposal as to how they might spend their time, with confirmation, if possible, from their host centre(s) abroad; (iv) an account of original research, published or unpublished papers or reviews in the field of mental handicap or psychiatry. In the case of joint research, the exact contribution of each author must be made clear.

5. Successful candidates will be expected to submit a short report to the College on their use of the Fellowship.
6. The awards will be made by a panel consisting of the Dean and two assessors nominated by the President and Chairman of the Mental Handicap Section respectively.
7. In the event of none of the applications being of a satisfactory standard, no award will be made.
8. Applications submitted after 31 March will be taken as applications for the following Fellowship.

Categories of Approval for Training Schemes

The Court of Electors has accepted the recommendation of the Central Approval Panel that the Approval Categories for rating training schemes should be changed to correspond to those employed by the Joint Committee on Higher Psychiatric Training. The 'A' and 'P' categories have done their work as carrots and sticks, and very valuable they have been. But they have been misunderstood and some 'A' schemes have rested too long on their laurels and 'P' schemes have felt hard done by when they were already improving. The categories were rather inflexible.

In future, schemes will be either 'Unapproved' or

'Approved'. If 'Unapproved', mandatory requirements may be made which must be met before approval can be given. If 'Approved', the duration of training will be given as some schemes can only provide training for a limited period of time. Then the interval before the next visit will be given, which will vary from six months to up to four years and certain recommendations made, some of which will be mandatory and others desirable, but not essential.

We believe that this system is more appropriate for the present stage of development of training schemes.

J. L. T. BIRLEY *Dean*