

MENTAL HEALTH TRUST AND RESEARCH FUND

The Mental Health Trust and Research Fund has recently awarded two new Research Fellowships at a cost of £37,000.

Dr. J. H. Mackintosh, Senior Research Assistant of the Psychiatry Department, Queen Elizabeth Hospital, Birmingham has been awarded the Brunner Fellowship for Research into Depression. It is a three-year Fellowship, and Dr. Mackintosh will

undertake an ethological investigation of behavioural changes in humans brought about by psychoactive drugs.

Dr. G. B. Greenstein, Lecturer of the Pharmacology Department, Chelsea Hospital for Women, University of London, has been appointed to a three-year Fellowship for the study of progesterone binding in connection with post-partum depression and pre-menstrual stress.

CORRESPONDENCE

WOMEN IN PSYCHIATRY

DEAR SIR,

I welcome Dr. E. A. Burkitt's letter (January 1975) pointing out the main importance of the patient's needs in psychiatry.

I would suggest, however, that a part-time psychiatrist, tied geographically by other commitments, is in a more advantageous position to offer long-term care to the individual patient than staff in junior grades who, with the increase in rotational training schemes, may well remain in post for only six months to a year.

It therefore becomes even more important to provide adequate training, security of post and the potential for career progress to such part-time staff.

My emphasis on the woman doctor is because at the present time, due to historical development and social pressures, she is probably most numerous in the group seeking part-time employment. My own survey, however, showed that slightly over half such women hoped eventually to work full-time (Black, *News and Notes*, October 1974).

DOROTHY BLACK.

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Sheffield, S10 3TL.*

DEAR SIR,

The correspondence columns of *News and Notes* in recent months prompt me to send you the enclosed copies of a correspondence I have recently been engaged in with the Department of Health and Social Security concerning the lack of provision of part-time Consultant posts for married women doctors (not only in psychiatry but also, for example, in anaesthetics and community medicine, other specialties which have depended a great deal on part-time married women with family commitments).

I would support all the points raised by Dr. Ashurst (January 1975), and all except the last sentence of Dr. Black's letter (October 1974). In my experience it is not the psychiatrists (except perhaps Dr. Burkitt!) or the College who are lacking in flexibility—all the Consultant psychiatrists of my acquaintance are fully in sympathy with the last sentence but one of Dr. Hugh Freeman's article in *News and Notes* of November 1974.

As far as I can determine, the rigidity is attributable to the administrators in the D.H.S.S., and probably also to our negotiators in the B.M.A. and the H.C.S.A.

I have also sent copies of the enclosed to the B.M.A., the H.C.S.A., the J.H.D.A. and the Medical Women's Federation, hoping that attention can be drawn to the points raised therein, before negotiations are resumed or finalized.

I believe I can confidently anticipate the full support of our College.

ELISABETH HARRIS.

*15 Lichfield Road,
Kew Gardens,
Surrey.*

The text of Dr. Harris's letter to the Secretary of State was as follows:

DEAR MRS CASTLE,

While appreciating your reasons for proposing to designate all Consultant appointments in the National Health Service as full-time, I wonder if you are sufficiently aware that there are other reasons for wishing to work part-time than the maintenance of private practice.

There are a great many married women doctors with family commitments, like myself, who have the necessary qualifications and experience for Consultant appointments, but who obviously cannot undertake full-time work.

Up till now such women have been happily, usefully, and appropriately employed, in part-time sessional appointments, and in so doing have filled many gaps in the less popular specialties, such as anaesthetics, psychiatry, and community medicine.

If all Consultant posts are to be full-time, it will amount to positive discrimination against women in a profession which until now has been a model of flexible opportunities for those wishing to continue to use their skills for the benefit of the community, while not neglecting their family responsibilities.

There will also be even more serious shortages of well-trained doctors in certain areas than at present.

I understand that the number of girls applying to study medicine, and being accepted by medical schools, is increasing each year. Can you afford to waste all this potential?

ELISABETH HARRIS.

A reply was received from the D.H.S.S. which Dr. Harris did not find reassuring, and after more correspondence she received the following letter from Dr. Owen:

DEAR DR. HARRIS,

Thank you for your letter of 17 January. I had read carefully not only your letter of 14 January to the Department but also the previous correspondence about the position of married women doctors. I am to stress that the Government realizes its interest in making the fullest possible use for the service of trained women doctors.

Many women doctors choose to work whole-time. The latest statistics we have, those for 1973, show that 3,334 women doctors (of whom 364 were Consultants) are in full-time hospital employment.

As you say, many choose to work part-time or are only free to work part-time, and it is interesting that there were more part-time women Consultants (429) than full-time. It is also the case that many women work as Medical Assistants, but the figures do not support your view that part-timers have to accept such appointments. There were 347 altogether, of which 208 were full-time and 139 part-time. In all categories, the number is less than the number of women Consultants.

Whatever the figures, your point of principle is taken that it might be unduly restrictive on opportunities for married women if all Consultant posts were to be full-time. It would seem that your first letter was founded on press reports of our proposals, and I am sorry that the previous reply did not make plain that the new Consultant contract offered by ministers included a special contractual option for those whose personal circumstances, such as family commitments, made it impossible for them to carry out the duties of a full appointment. The details of the arrangements for this option remain to be considered and we hope that the Consultant's negotiators will be prepared to discuss this and other detailed aspects of the contract offer, in a flexible spirit. In this connection, I have noted that you have copied the correspondence to the profession's negotiators.

DAVID OWEN.

Dr. Harris, commenting on the letter from Dr. Owen considers that the third paragraph does not correspond with the summary of the draft proposals as published in the *Lancet* of 11 January, and emphasizes that her original letter was based not only on press reports but on personal communication from colleagues and a reading of advertisements.