

But it is not any answer to project our responsibility and our guilt upon the arms manufacturers of the USA, or of any other state, or to deny our self-seeking beneath the wing of governments which seem to see antidote to military threat through escalation of armament. The reality is that all of us who are comfortably off are sharing in the profitability of those industries.

Two things are necessary. Our national, and therefore our fiscal, policies must be orientated more towards the well-being of poor nations with less emphasis on our own economic security. That means that our desire for freedom must be a genuine and total aspiration and not merely as a defence against Soviet hegemony. And we must come to the point where one side will be prepared to take the risk of being at least marginally the less well armed of the two. But how to get there?

Could we say to the Communists that we deplore much of their policy, that we see their distaste for our more liberal regimes but that we are prepared to talk and in some measure to trust. Dare we not count on some trace of genuineness in their response? Provided that we can put our own house in order.

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Training in psychiatry for developing countries

DEAR SIR

I spent one year (1982–83) doing private practice in general psychiatry in Mauritius, an island in the Indian Ocean. It was with great interest, therefore, that I read Dr J. L. Cox's report of the 4th Conference of the African Psychiatry Association (*Bulletin*, April 1984, 8, 69–70). In 1979, when the DPM (Conjoint Board) was being discontinued, APIT (Association of Psychiatrists in Training) published a letter regarding the demise of the examination and

the need for a substitute. In a sense, the new diploma from the Institute will fill a void created by the cessation of the DPM.

Perhaps the College should now develop a MRCPsych (Ext), tailored to the needs of overseas countries (especially Africa). Otherwise we will end up with two postgraduate diplomas: one prestigious, the other, perhaps, less so, even though it may be more relevant to the needs of the recipient countries.

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'Clomipramine Challenge Test'

DEAR SIR

Dr Holmshaw (*Bulletin*, April 1984, 8, 76) refers to a clomipramine diagnostic test. I prescribe clomipramine, initial dosage of 75 mg daily, to obsessive compulsives with affective symptoms. My findings are as follows:

1. Patients with primarily obsessive compulsive disorder respond satisfactorily, but perhaps may need increase of initial dosage to 225 mg daily.
2. Patients with basic neurotic personalities become hyperexcitable, complaining especially of insomnia, even at a low dosage of 75 mg daily.
3. Patients with bipolar affective disorder develop hypomanic symptoms following increase of the administered dosage.
4. Patients with primarily schizophrenic illness become acutely paranoid, which proves to be reversible on stopping clomipramine.

It would be interesting to know of the findings of other colleagues.

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Review

Video Violence and Children: Part II. Children's Viewing Patterns and Parental Attitudes in England and Wales. A Report of a Parliamentary Group Video Enquiry. Published by Oasis Projects. 1984. £5.

Video recorders are recent additions to the paraphernalia of home entertainment and, as shown in this report, have rapidly become commonplace, climbing high on the list of many families' priorities. In response, the video shops and video clubs have sprouted fast, first in the big cities and are now to be found in every neighbourhood. Abuse almost invariably follows highly popular enterprises. Concern about

commercial abuse, pirating of copyright by illegal copying, preceded concern about the abuse of children exposed to the sadistic and pornographic material invading a large number of homes.

Earlier this year, a Private Member's Bill was presented to the House of Commons. The introduction of this Bill provided the impetus for the inquiry, sponsored by a Parliamentary group. The names of those on the Working party and of those actively engaged in the investigation are listed in the report. It is acknowledged that there was a tight time schedule so that the data could be available for the Committee stage of the Bill.

The results as presented are disturbing. Forty-five per cent