

In failing to specialize—because of the demands of sector psychiatry—the psychiatrist foregoes two important opportunities: firstly to become thoroughly acquainted with what has been written on any one disorder—a cause of bad research; and secondly, to study large samples of patients with that disorder. This latter opportunity is one which mental hospitals, more than any, should be able to provide.

There is a final obstacle which is really a product of the others. This is the dispiriting belief that research in mental hospitals will inevitably be second-rate, raking old ground, solving entirely contrived dilemmas, or yielding findings which, in Bertrand Russell's words, 'could have been guessed without so much parade of science'.

It would hearten the psychiatrist working in a mental hospital to come upon a small oasis away from these problems. Perhaps such oases already exist in the form of regional associations for psychiatrists interested in research, and perhaps a more intensive cultivation is all they need to bear fruit. In their shade, fellow spirits could discuss each others' views, a more effective way than solitary reflection of revealing ignorance and the need for advice. They could plan joint research projects which would permit the study of large enough samples of patients for conclusions to be well-founded and widely applicable. They could make the best use of time by conducting, where possible, a series of investigations on the same scaffolding and by a concerted attack on a few important topics, rather than, as happens with psychiatrists working in isolation, a scattered examination of disconnected questions. A register of each association's research interests, freely available to other associations and to university departments, would minimize wasteful duplication and encourage large scale collaborative investigations. Members would meet as their investigations required, but an annual or biannual meeting of all members to review progress would cement the whole enterprise.

I hope that these comments will contribute to the wide debate that Dr Crammer wishes to inspire.

D. H. MYERS
Consultant Psychiatrist

*Shrewsbury Hospital,
Shrewsbury.*

DEAR SIR,

Registrars and senior registrars are always working against time to pass examinations, and against inflation to gain a lucrative consultant post. Only a minority of psychiatrists in training will ever do any research. Those attempting the research option might be allowed to try the MRCPsych after only two years, though not gaining the certificate formally for another year, which could then free this year from examination anxiety. Completing the research option could be rewarded by an MRCPsych (R), which the

appropriate committees might like to say publicly would be preferred for higher posts. The *Journal* could reserve space for Brief Communications from trainees.

This would certainly raise expectations and lend encouragement to trainees, particularly if the initial efforts were published widely.

GARETH H. JONES
Senior Lecturer

*Whitchurch Hospital,
Cardiff.*

DEAR SIR,

Thank you for your article in November's *Bulletin*. It is exactly what I have been feeling during my nine years as a mental hospital consultant. Yes, the biggest problem is isolation. With regard to books or libraries, the BMA or RSM will provide lists of references as well as the papers, but one has no one to advise in planning a project, and very little in the way of peer groups to discuss and refine one's ideas. Furthermore, one has no access to experts in relative related disciplines, such as epidemiology and statistics. If only the comments which one now receives from the referee who rejects one's paper could be obtained in the planning stage! I think a regional adviser would be very helpful in stimulating research. He might also be willing to advise senior registrars on rotation to psychiatric hospitals, although admittedly the senior registrars can approach colleagues at the teaching hospitals in their rotation.

There are two other points I would like to mention:

- 1 Would it be possible for summaries of the papers read at the Quarterly Meetings of the College to be published in the *Journal* or *Bulletin*?
- 2 Could the College consider organizing a refresher course on advances in general medicine? I have discussed this with a few friends, who say there are plenty of lectures arranged by the Royal College of Physicians, but these seem to be mostly orientated towards the MRCP, and are too detailed. The sort of thing I have in mind is advances in therapeutics, and something about the totally new topics which have come into medicine over the past few years, such as immunology.

RITA HENRYK-GUTT
Consultant Psychiatrist

*Shenley Hospital,
Herts.*

DEAR SIR,

I don't think there is enough stimulation from the top ranks down to get juniors into simple research projects. I doubt if juniors are stimulated to make the most of the opportunities presented by particular patients—they cannot be expected to appreciate these, but it is the job of the seniors to indicate the problems and opportunities available.

Description of interesting cases using research and other

data provides a good introduction to research (on a collaborative basis), especially since these can be presented fairly simply at a Society meeting. This provides a grounding for more formal projects which, however, may not be sufficiently thought through or discussed with the relevant disciplines. Projects may be set off without the slightest inquiry as to the availability of material (e.g. EEG records). On the other hand, investigatory data (such as EEG) may be largely ignored—or seldom made much of in a joint way.

All this contrasts with my experience in the States where collaborative work seems to begin at the student project stage. Moreover, when visiting a department one would be invited to hear junior staff expound on their projects and apparently would be welcome when going into problems over availability of material and times, etc. It would be interesting to know whether 'research in decline' applies to other countries—would a transcultural addendum be relevant?

ELMAN POOLE

*EEG Department,
Churchill Hospital,
Oxford.*

DEAR SIR,

While Dr Crammer has made some helpful comments on approaches to research, his other comments on the 'decline of research, by registrars (*Bulletin*, Nov 1979 p 174) must be questioned. If registrars 15 years ago thought an investigation or publication would help them to a consultant post, does a decline in research provide an index for the intellectual curiosity of each generation or only of their career-mindedness? If there is a decline, does it reflect the higher standards expected for publications (journals have increased, and presumably are maintained by more senior researchers, as the juniors are less active)? The decline in research may be bad, but does this indicate a decline in the will to better practice? The curiosity of registrars may well be in decline, or dulled by examination preparation, or overstimulated by rotational exposure to a variety of firms, settings and subspecialties, or may seek outlets in applying the various new therapies to clinical practice; who knows?

Encouragement to embark on an investigation is important, and may stem from some different assumptions about the subject. At a recent meeting of the Association of University Teachers of Psychiatry, Professor Gelder commented that 'some are temperamentally not suited to research'. His message seemed to have a paradoxical and coaxing element: people have different talents, there is no discredit in not succeeding, so why not try? That seems a good starting point.

M. G. CLARKE
Lecturer in Psychiatry

*Leicester Royal Infirmary,
Leicester.*

Mental Handicap—The National Development Group Report

DEAR SIR,

Professor Mittler, in defending the 1978 Report of his now defunct National Development Group (*Bulletin*, Dec 1979, p 195), asks how far Dr. Shapiro's criticisms in his review (*Bulletin*, Sept 1979, p 138) are shared by the majority of psychiatrists. It would be more apposite to ask how many psychiatrists supported the views of the Group? Professor Mittler rather pensively says that they did hope to have such support, but nothing to this effect has surfaced in the correspondence column of the *Bulletin* or in the other medical publications that I have seen. Drs Blake, Spencer and James (*Bulletin* Nov 1978, p 197) have, however, expressed great regret that the Group's associated team omitted the biological aspects of mental handicap, and the writer (*Bulletin*, Jan 1979, p 15) had questioned the excessive costs (so far unanswered) of the community units and teams proposed by the Group.

I would suggest that the NDG, and its team, has not achieved majority support by psychiatrists specializing in mental handicap, and in its Report (p 73) it acknowledges its disappointment at so little progress being made on the lines suggested by Mrs Barbara Castle in 1975. In fact its own philosophy (*Report* p 5) seemed to support the transfer of the hospital services out of the NHS altogether.

It should not be concluded, however, that the seeming lack of consultant enthusiasm for the NDG indicates a wish to return to the generally hidebound services of, say, 20 years ago. Evolution must take place, and some of the notions of the Group and its team are very sound; it is the style and exploitation of their execution that is at fault. Many of those consultants who did not seek early retirement or posts in other fields have been greatly disturbed by the disruption of services as abrasive revolutionary zeals have reached their zenith in the past year or so. It is now to be hoped that a formula for a more cooperative partnership, which will effectively incorporate psychiatrists and other specialists, can be found that will facilitate a better delivery of clinical services to the patient and his family, freed from the largely political trammels that presently absorb so much time and money.

TOM PILKINGTON

*64 Harlsey Road,
Stockton-on-Tees,
Cleveland.*

DEAR SIR,

I regret I cannot agree with Professor Mittler's contention that the Report of the National Development Group has not ignored the contribution of the specialist medical staff. The paragraph to which he refers (and surely it ought to be chapter 7 and not chapter 9 as given in his letter) deals with