

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.

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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.

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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.

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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