proper treatment with a neuroleptic drug would suppress the psychosis and enable them to lead near-normal self-supporting lives. Why have their doctors not treated them, therefore? The questions for discussion are:

(1) Does the patient always know best? Are there not certain illnesses which by their very nature distort the judgement so that such a sufferer's opinion of the need for or value of treatment may be quite mistaken from every view, including his own self-interest? Are there not occasions when the psychiatrist must take the responsibility of treating the patient who refuses treatment, if he is to do his best for that patient? If so, what are the occasions?

(2) Is it wrong (and if so, why?) to seek information confidentially from (a) another doctor (b) anyone else who has known the patient previously, if the information is to be used only for the diagnosis and treatment of the patient, will be kept confidential, and will not be sought in such a way as to alert the patient's enemies or potential employers to his state of illness? Is it necessary always to seek the patient's permission, and abide by a refusal of it?

(3) A patient on a Section 26 is at the doctor's orders for 12 months, but of course he does not have to stay in hospital all that time; he can be sent home and back to his work, while the Section's effect continues. That is, he can be recalled quickly to hospital at any time if the responsible medical officer wills it, and if he will not return voluntarily he can be collected by nurses or social workers, or even by the police. Of course, these provisions must be used responsibly, in the interests of the patient's treatment or the safety of others. Is it wrong to exercise this power, and if so, why?

I know a few people claim that there is no such thing as mental illness, or that what we call the individual's illness is his labelling as a deviant by Society, and his response to that, but such ideas are contradicted by experience of the full range of psychoses, for instance in mental hospital work. The anxiety that purely deviant individuals or social rebels may find themselves compelled to conform is better founded, which means that the boundaries of what constitutes psychosis must be sharply defined. Isn't this one of the reasons we have psychiatrists? Aren't those psychiatrists who refuse ever to use compulsion professionally irresponsible?

CHARLES SNODGRASS

London, W2.

DEAR SIR,

The Mental Health Act's original purpose was to formalize the compulsion of patients, allowing our conduct to be observed and if necessary criticized, and providing ways to appeal against it. I have watched with interest its gradual transformation in the minds of both staff and public into a set of regulations limiting our duty. This mutation is now complete (*Bulletin*, Dec, p 189)—patients needing admission were allowed to leave a Casualty department because Section 29 could not be completed.

Have we forgotten our rights as doctors in Common Law to treat a patient according to his needs? A little more courage is needed, perhaps, as one has to do without the protection of S.141, but competent action in good faith is still our right.

On three occasions recently I have compulsorily admitted patients to hospital without completing section 29, as our local social workers were on strike. After careful discussion the administration supported this action as appropriate, and indeed necessary. I wonder what would happen if any of those patients allowed to leave the Casualty department sue us for negligence?

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(See Correspondence in *British Journal of Psychiatry* (1979) **135**, 482; and (1980) **136**, 200-2.)

Research in Decline

DEAR SIR,

I was stirred by Dr Crammer's rousing call for more research in mental hospitals (*Bulletin*, November, 1979). In the interest of a broad debate, may I express a view which differs in some respects from his own?

He identifies ignorance, haste and lack of forethought as the main reasons for bad research in mental hospitals. I should like to suggest that these are not fundamental causes, but only symptoms of more deep-seated difficulties. If so, his own prescription—an advisory service—however valuable, might not be enough.

I believe that the real obstacle to research in mental hospitals is that most have a tradition, organization and outlook conducive to clinical work and not to research. This is neither surprising nor a matter for complaint, but it does impose three important limitations on research—lack of time, lack of specialization and, here I very much agree with Dr Crammer, isolation. These, I believe, are the real reasons for the amateurishness which he detects in papers submitted from mental hospitals.

Lack of time is the major constraint. As well as caring for patients, the psychiatrist working in a mental hospital, being a clinician, will be sympathetic to exhortations to provide marital therapy, group therapy, crisis intervention, pastoral care, etc.; in fact his timetable begins to look like the overburdened conspectus of other people's enthusiasms. But above all, psychiatry cannot be hurried.

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

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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.

RITA HENRYK-GUTT
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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