consideration risk factors, which for example in mianserin are reported to include a family history of epilepsy, starting treatment or changing doses (Bazire, 1995).

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Mental Health Review Tribunals

Sir: Following my earlier letter about Mental Health Review Tribunals (*Psychiatric Bulletin*, 1995, **19**, 258), I am happy to report that the Lord Chancellor's Department have agreed to relax the rules for the first appointment of medical members to the Mental Health Review Tribunal. They have agreed that the upper age limit for a first appointment may be 65 on the condition that candidates can produce evidence of recent employment, although it need not be continuous.

I have also been asked to point out that the Department of Health will only appoint a doctor able to give limited commitment in exceptional circumstances. The normal commitment for members is between 20–50 days a year; 70 days for retired members.

This is a significant improvement on the previous situation and may go some way towards improving the recruitment and thereby the standard of medical work within the tribunal system.

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Trainee psychiatrists' theoretical vacuum

Sir: Standards of research carried out by trainee psychiatrists continue to attract debate (Owens, House & Worrel, *Psychiatric Bulletin*, 1995, **19**, 337–339) with the emphasis on ways of improving standards, a trend which receives much support from the Royal College. Rarely is the question asked whether research among trainees is desirable.

I have felt impelled to undertake research projects to progress my career. On the whole these were projects I was not interested in and were done for the sole purpose of securing a Senior Registrar post. From talking to other colleagues this is a very common experience. Owens *et al* emphasise proper supervision giving trainees a greater understanding of methodological issues and clinical epidemiology. While I do not question the importance of understanding research in psychiatry, little consideration is given to the importance of developing theoretical understandings that allow the trainee to question and criticise the scientific assumptions made by researchers. Vast amounts of research tend to take place in a theoretical vacuum, and have little influence on clinical practice.

Psychiatry's scientific framework and categorical validity rests on an idea of common consensus, as opposed to discretely measurable phenomena. This is subjective but research creates an illusion that our categories are scientific and objective.

Juniors training in psychiatry have a vast amount to learn. The time and money spent on finding and devising research projects of questionable usefulness could be better spent understanding and training in the more subjective aspects of psychiatry such as encouragement and support for a psychotherapeutic qualification, and perhaps exposure to personal therapy. This is the case in other European countries. The emphasis on research experience at a junior level of a psychiatrist's career runs the risk of the new generation of psychiatrists being encouraged to become academically knowledgeable at the expense of being technically and therapeutically competent.

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Corrigendum

In Milton's letter (*Psychiatric Bulletin*, **19**, 575–576) "above BNF limits" for chlorpromazine are 1000 mg.

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