

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?

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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.

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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.

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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