

Patient 2 abuses alcohol when hypomanic as a symptom of his illness. He does not abuse it when depressed or euthymic.

Patient 3 has the differential diagnosis of drug induced psychosis at every admission and probably fits into the category described by Professor Cohen. Neuroleptic medication is usually prescribed symptomatically on admission and is effective in reducing psychotic features and behavioural disturbances. I know of no general psychiatric facility which could cope with acutely psychotic young men without some form of chemical sedation. It would be a misuse of the forensic service even if they could handle the numbers involved.

Most drug abusers tend to "mature out" from drug abuse over a period of up to ten years. This provides the rationale for maintenance treatment of addicts, keeping them as healthy as possible, out of trouble with police, and in contact with a trusted psychiatric service for when they are willing to accept help. Surely the drug abuser who becomes psychotic is most in need of this continuing support?

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Research accreditation of seniors?

DEAR SIRs

We read with interest the report by Bartlett and Drummond (*Psychiatric Bulletin* June 1992, 16, 361–362) concerning the difficulties one of their registrars had with a research project of theirs. One of us (Kerwin, 1992) recently made a plea for proper research training of consultants before they are allowed to supervise juniors. This was a somewhat tongue in cheek letter (tit for tat for the "T" psych accreditation for clinical academics) but clearly this case highlights the need for ensuring that consultants should also be properly trained to supervise research.

Registrar research need not be difficult so long as consultants ensure success by advising on parsimonious and achievable studies. Drs Bartlett and Drummond asked their hapless registrar to perform a "... randomised double blind, double dummy, parallel group comparison of trazodone and clomipramine as an adjunct to behaviour therapy in the treatment of non depressed subjects with primary obsessive compulsive disorder!"

Maybe we really should insist on research accreditation of seniors?

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Reference

KERWIN, R. (1992) Raw deal for academics, *British Medical Journal* 304, 1058

Reply

DEAR SIRs

We would like to thank Drs Kerwin and Pilowsky for their interest in our article. Regrettably, they appear to have misunderstood our purpose and, equally regrettably, to have resorted to an implicit attack on our research credentials. We will not address the second of these two criticisms. However, we would like to emphasise that in practice research can be hampered by problems, both within and outside the researcher's control. Registrars, at an early stage of a research career, are particularly vulnerable to such difficulties, even when appropriately supervised by experienced senior academics. Furthermore, the writing up of research within the style favoured by the 'medical model' encourages authors to be less than frank about the practical aspects of research and to disguise deficiencies in their 'end product'. We have 'come out' about the reality behind much of this type of research.

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Overseas doctors – training ethos

I have been closely following the correspondence pertaining to overseas doctors and their training requirements. Each author (Matthew, O'Dwyer, Zaffar, Gandhi) and the Royal College of Psychiatrists (*Psychiatric Bulletin*, 1991, 15, 699–700; 1992, 16, 231–232; 1992, 16, 446–447) has made pertinent points.

The arguments are self-fulfilling towards a distinct symbiotic relationship between overseas doctors and the NHS of the UK. The majority of overseas doctors are keen to work in the UK for a British degree, and in return the NHS fulfils its manpower requirements, thus serving the philosophy of *Achieving a Balance*. The NHS is a beneficiary of highly motivated and well-qualified manpower obtained through the Overseas Doctors Training Scheme. 'Overseas doctors' are in the prime of their youth, trained at the expense of the developing world, contributing their share to the national exchequer by paying taxes and National Insurance contributions. An 'overseas doctor' is offered a training post which helps fulfil the statutory requirements needed to obtain a higher British qualification in psychiatry, which is a powerful tool to face stiff