One only has to read some of the legal reports and the small print of insurance policies to appreciate that. It may not be a mere coincidence that the chairman of the Tribunal is a lawyer. So, was the style the result of a 'deliberate and artful vagueness' or 'artless vagueness'? The factors which 'shape' the lawyer's language are amusingly discussed by David Lavine in a book entitled *The State of the Language* (eds L. Michaels and C. Ricks, 1979, University of California Press) and in our case we believe the problem is 'linguistic rather than legal'.

Would it not be considerably easier for everyone concerned if these reports are pitched at the lowest common denominator? The Plain English Campaign calls it 'reader friendly' style.

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Overseas doctors

DEAR SIRS

In response to Professor Sims' letter in the *Psychiatric Bulletin,* (November 1989, **13,** 637–638) we would like to make the following comments. We are very pleased to note that since our article was submitted the Overseas Desk has expanded their guidelines for the Overseas Doctors Scheme.

Of course *Achieving a Balance* has not yet been implemented but there are many "visiting registrars" as described by *Achieving a Balance* already working in psychiatry and other disciplines (*BMJ,* 26 August 1989, **299,** 531). Undoubtedly there will be many more.

The World Health Organization conference on Postgraduate Psychiatric Training, as reported by Holden, saw the training requirements of overseas trainees as ... "Rather than 'hands on' clinical experience ... the skills of administration, research, innovation and teaching" (*Psychiatric Bulletin,* October 1989, **13,** 558–560). These skills are not routinely acquired at Registrar and Senior House Officer levels in the UK.

Given the complexity and heterogeneity of the needs of overseas doctors we remain concerned as to how the approval teams will assess and determine how these needs are met.

Finally, overseas doctors who are indebted to UK institutions which enable them to leave temporarily difficult working conditions are unlikely to criticise these institutions.

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Community initiated research

DEAR SIRS

Drs Maharajh, Clarke & Hutchinson (*Psychiatric Bulletin,* October 1989, **13,** 575) imply that another of Dr Littlewood's papers (1985) falls foul of the same criticisms that I made (*Psychiatric Bulletin,* March 1989, **13,** 148) of his paper in the *Psychiatric Bulletin* on the subjects of "community initiated research" and cannabis psychosis (*Psychiatric Bulletin,* **12,** 486–488). My impression from their letter is that the earlier paper (on research conducted in Trinidad in 1979–1981) has not at all "aroused similar feelings" among them as did the more recent paper arouse in me. Nor may the same criticisms be made of the two (very different) papers.

My "feelings" about Dr Littlewood's paper in the *Bulletin* were that the initiator(s) of a research project, if they have contributed significantly to the genesis of the endeavour, should take at least some (perhaps equal?) responsibility for the resulting publication of findings and conclusions, along with the person(s) who actually implemented the study. I felt that this comment was highly pertinent since Dr Littlewood's theme had been as much that of "community initiation" of research as that of cannabis psychosis itself.

In contrast, the feelings of Dr Maharajh and his colleagues, in response to Dr Littlewood's earlier paper, appear to include a sense of grievance that their culture, society and history have been misrepresented and that incorrect deductions or conclusions have been made on the basis of the data. No such allegations were made by me concerning the paper in the *Psychiatric Bulletin,* nor are their comments pertinent to the content of that paper, and they have not presented any evidence to support their claims in respect of the Trinidad paper. Furthermore, no claim was made (to my knowledge) that the Trinidad study was "community initiated". Why then should any more "credit or discredit" be given to the subjects of this research than to the subjects of, say, any clinical drug trial?

It seems to me quite inappropriate that Dr Maharajh and his colleagues should use your columns to make unsubstantiated claims that Dr Littlewood's research in Trinidad was unethical or "inaccurate". Indeed it is they who have "misinterpreted" my comments on Dr Littlewood's paper in the *Psychiatric Bulletin* if they imagine that I was making criticisms that were in any way similar to theirs.

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Reference

LITTLEWOOD, R. (1985) An indigenous conceptualisation of reactive depression in Trinidad. *Psychological Medicine*, **15**, 275–281.

'The fish that got away'

DEAR SIRS

Dr Cook has misrepresented the essence of our observation. Perhaps there is a need for further clarification. Our concerns were not unlike those of Dr Cook in that we questioned, not criticised as he states, Dr Littlewood's style of community based research among 'ethnic groups' in a fishing village in Trinidad. We attempted to point out a commonality in the two cited papers with respect to the issues of collaboration, credit and responsibility in transcultural research. In support of our observation, we cited Dr Cook's letter (*Psychiatric Bulletin*, March 1989) where he made the observation of Littlewood's "inconsistencies between the ideological stance taken and the final presentation of his study" in the context of collaboration, credit and responsibility. It is worth readng again.

We respect Dr Cook's feelings, impressions and opinions even when he changes or distorts them. However, he cannot and must not tell us what we feel, neither should he attempt to invalidate our concern for transcultural research that is so relevant to us. In addition, he subtly attempts to influence the editorial balance. Why the self-importance Dr Cook? Why the authoritarianism? Certainly, your colleague Dr Littlewood can speak for himself. Who's misinterpreted? Who's bereaved? Who's colonial?

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(*This correspondence is now closed* – Editors)

Fostering/adoption: ethnic issues

DEAR SIRS

As a child psychiatrist, I am often asked by social services to carry out assessments of troubled children who require foster or adoptive placement. Public attention has recently been drawn to the importance of ethnic and cultural factors issues in meeting the needs of these children. This was stimulated by the case of a 17-month-old baby removed from white foster parents and placed for adoption with a black family. The case has raised questions about the importance of matching children for ethnic and cultural factors where developmental, emotional and social factors also need to be given due weight. In August 1989 Mr David Mellor, then Minister for Health, expressed the view that social services policy in this area might need to be reviewed. I wrote to him at that time, to support the case for a broad assessment of need in such cases.

I received this reply from the Department of Health:

> "As you may know, the Minister for Health is now Mrs Virginia Bottomley: you will understand that she cannot comment on a judgment of the court. Mrs Bottomley takes the view that race and culture are important factors in seeking foster parents and adopters for children in care; she supports efforts to encourage people from ethnic minorities to come forward, so that more families are available which will reflect the racial origin and cultural background of children in need of placements.
>
> "However, she does not agree with any rigidly and dogmatically applied policies which place racial and cultural factors above the wider needs of the individual child. Nor would such policies or practice be in accordance with the law, which requires courts and agencies to give first consideration to promote and safeguard a child's welfare throughout childhood, taking into account the child's wishes and feeling, having regard to his age and understanding. A placement with a family of different race can sometimes be in the child's interests, where that family is able to understand and meet all the child's needs, including those arising from his racial and cultural background."

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