month's work with many months in between.

The Prison Medical Service has an exceptionally difficult job. Like the prison service as a whole, it is the only one which never refuses a client or a patient. The doctors are expected to provide a service for distressed but deceitful, aggressive and manipulative inmates who are apt to make distorted accusations against them, to which they have few opportunities to reply. The Service has a number of distinguished members, and, as a whole, it is better than that of European countries except perhaps Holland, where the Service is much less overstrained by numbers. But the persistent denial that the doctors have any problems, many of which were discussed in this volume and relate to forensic psychiatry in general, does not encourage their supporters.

T. C. N. GIBBENS

CORRESPONDENCE

RESEARCH INTO ECT

DEAR SIR,

We are pleased to read in the *Bulletin* that the Research Committee has received a grant from the DHSS for research into ECT. In view of the controversy surrounding this treatment we are very concerned that this research should clarify the indications for ECT by a well-conducted trial rather than survey how ECT is actually being used at present.

Although the memorandum of the Royal College on ECT (September 1977) was incomplete in its review of the evidence, it reached the generally accepted conclusion that ECT is effective in severe 'endogenous' depression and its use in other conditions equivocal. The former was supported by two trials reported at the July Quarterly Meeting, but a third paper read by one of us (DG) reported the opinion of 51 consultants in one administrative region of the NHS as to the indications for ECT. Many of these consultants regard ECT as effective in hypomania, mania, catatonic and undifferentiated schizophrenia. One fifth of these consultants regard it as sometimes useful in dissociative and conversion hysteria and simple schizophrenia which is at variance with the Royal College memorandum.

It is this discrepancy between the proven effectiveness of ECT and its actual use that leads to controversy and accusations of its misuse. In response to this controversy the White Paper on the Review of the Mental Health Act proposes that the use of ECT on conditions other than severe 'endogenous' depression would be regarded as 'hazardous' or of 'unproven value' and therefore requires a second opinion. It would be much more satisfactory if the question could be settled by a well-conducted clinical trial rather than legislation (which has led to its being discontinued in parts of the USA).

ECT is not an easy treatment to research and much will depend on the methodology employed in this research. Perhaps through the columns of the *Bulletin* we could read of the proposed methodology at an early stage. This might provoke our senior colleagues to reassess their own indications for the use of ECT and it would certainly be a constructive educational exercise for trainees to consider both the methodological problems and the implications of this important research.

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CHRIS FREEMAN

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DAVID GILL

Mapperley Hospital,
Nottingham

Members of the APIT Executive Committee

DEAR SIR,

Thank you for allowing me to comment on the letter from Drs Creed, Gill and Freeman. The Research Committee of the College has a policy that it will not try to compete with universities, research units and individuals in the sort of research it undertakes. We believe that there is a real place for the professional body of psychiatrists using its structure, organization and membership to conduct research which would be difficult or impossible to do any other way. In respect of ECT, therefore, the Research Committee would regard the important matter of controlled trials of the use of ECT in the many conditions for which it has been advocated as a matter for local clinical teams and university departments, but would agree on the need for such research. However, the equally important issue of the variety of profes-

sional practice among psychiatrists is a matter which we believe the psychiatrists' own professional body is in a good position to research. Clearly the DHSS agrees with us as they have provided funds.

JOHN GUNN
Chairman, Research Committee

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De Crespigny Park,
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INDO-BRITISH EXCHANGES FOR MENTAL HEALTH PERSONNEL

DEAR SIR,

It may not be generally known that funds are obtainable from UK aid sources to support reciprocal visits by Indian and British mental health professionals wishing to add to their experience in the promotion of new initiatives in mental health care. This can take the form of a series of exchanges of personnel between institutions in the respective countries, or on an individual basis. Preference is given to projects which may improve access to care for hitherto underprivileged groups.

An obvious area of mutual interest is the development of services for minority groups: but British workers may find much to learn from recent measures to improve health (including mental health) services to the rural population in India—which constitutes the great majority of the Indian population. I should be happy to put anyone interested in this field in touch with colleagues in India who would be interested in welcoming visitors or in developing exchange visits with a UK institution.

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OVERSEAS PSYCHIATRISTS IN SCOTLAND

DEAR SIR,

Although the specific training needs of overseas psychiatrists have previously been briefly described by several authors (Russell & Walton, 1970; Brook, 1973), the need for a more detailed appraisal is now apparent as the high failure rate in the College Membership examinations for overseas psychiatrists is documented (Hassall & Trethowan, 1976).

In England and Wales, Brook (1975) reported that 63.2% of psychiatrists working in the registrar grade were from overseas. As no similar calculation has been made in Scotland, I have carried out a preliminary analysis of data available from the Scottish Home and Health Department.

The main result of this preliminary and 'unofficial' study is that, of the registrars working in adult or child psychiatry units during 1977, 49.3 per cent graduated outside the British Isles, and that, as in England and Wales, the majority of these psychiatrists were working in the large mental hospitals. Indeed, some mental hospitals had *only* overseas psychiatrists in the registrar grade, whilst some teaching hospitals had none.

These figures cannot be compared precisely with those for England and Wales because the definition of an overseas psychiatrist was slightly different. It is nevertheless fairly clear that the mental health services 'nationwide' depend very largely on overseas graduates.

This being so, their training and examination performance is a crucial issue for both the College and the University Departments. The uneven distribution of overseas psychiatrists has led to the belief that it is the *quality* of training received that determines their subsequent examination performance.

Nevertheless, experience in Edinburgh shows that even when the training opportunities are similar, overseas psychiatrists still perform less well at examinations, at least during their first years of training. It is likely, therefore, that an improvement in *training* opportunities, whilst important in itself, may not necessarily improve the pass rate, unless other factors are also taken into consideration. It is also short-sighted to regard this issue as one which will disappear in the next decade as the output from the UK medical schools increases. It is therefore to be hoped that this problem will continue to be looked at from a variety of different vantage points and that controversial issues will not be avoided, nor the need for further research ignored.

In my opinion, an adequate understanding of these very sensitive issues might include (a) an appreciation of 'culture shock' (Brink & Saunders, 1976) with its subjective pain and disruption; (b) an awareness of the increasing gap that may exist between the amount of undergraduate teaching, particularly in behavioural sciences and psychiatry in UK medical schools when compared with medical schools in Africa or Asia; (c) a familiarity with the Temporary Registration Assessment Board's examination which may discriminate unfairly by its exemption categories between groups of overseas psychiatrists themselves and also between overseas and UK psychiatrists; and (d) an understanding of the psychology of both prejudice and also migration.

These important issues must continue to be