I suggest that Dr Haeger confounds issues of access to a research career and 'success' within that field. In a similar way, a colleague once complained about the rejection rate of submissions by women after observing that female authors were in a minority in our regional journal. I reviewed the data for a nine-year period and found that, as suggested, a minority of published articles were by women, but that they submitted only a minority of papers. In fact, the acceptance rate for articles was higher for women. Similarly, I have now reviewed the 'research productivity' data set under discussion and report that the female researchers were responsible for a mean of 3.5 papers, compared to a mean of 4.2 for male researchers, over the period of audit. While there were too few women in the sample to interpret such analyses formally or confidently, that finding suggests that productivity rates in this region are unlikely to differ very much between male and female psychiatric researchers.

The central finding from the study – that productivity is best predicted by 'track record' variables – would require examination in a data set with separate and sufficiently large sub-samples of male and female researchers, to determine if the prediction holds true for female as for male researchers.

While my sample was carefully generated (see Parker, 1986) to ensure that all potential researchers in the region, male or female, were included, the marked male preponderance (89%) exceeds the current RANZCP College membership rate of 79% being male. Thus, I suggest that, while the sample was 'representative' of the active research community, it was not representative of the overall sex ratio of psychiatrists in this region, clearly suggesting that fewer women are engaged in research.

Thus, sex is relevant in 'joining' the psychiatric research community, but it remains to be established whether it is a predictor of productivity or related to other outcome variables or performance indicators within that community, and it must be kept in mind that my focus was on the latter issue, not on the issue of access.

Dr Haeger may be right in drawing attention to the negative consequences of sexual stereotyping and to the other problems faced by female psychiatrists in gaining access to, as against 'success' in, a research career, and certainly such difficulties are recognised in relation to in obtaining academic posts. But it remains (to my mind) to be established that a research career *per se*, or even engaging in research, is affected by sexual prejudices, particularly when psychiatric research is commonly a part-time activity. It could also be that a career in research is regarded as less relevant, attractive and pleasing to women for a host of reasons, so that fewer seek such a career or job option. A survey of trainees and an ethnographic study of male and female psychiatric researchers might be of interest in examining a number of the propositions underlining Dr Haeger's polemic.

Implicit in Dr Haeger's letter is a view that research is an elitist field. For those who encourage junior staff to consider research (and observe eyes glaze over) and for researchers who live to the financial and other limitations of such a career, that may be news.

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Relevance of research for clinical practice

SIR: I read with interest Paykel's Maudsley Lecture reviewing the relevance of research on the treatment of depression for clinical practice (*Journal*, December 1989, **155**, 754–763), but was surprised that he neglected completely three aspects of well recognised treatments for depressive illness: lithium carbonate as a prophylactic (Abou-Saleh & Coppen, 1983); lithium carbonate augmentation of antidepressant drugs in resistant cases (Heninger *et al*, 1983; de Montigny *et al*, 1983; Schrader & Levien, 1985) and psychosurgery. I hope Professor Paykel will at some stage address this point.

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