

attempting to do was to build a specialist computer with insufficient funds and personnel – we had the help of one electrical engineer and one untrained laboratory assistant. The instrument was finally completed just before my retirement in 1967 and was never used systematically as had been intended. It seems that in psychiatry the EEG has been somewhat of a disappointment, being rather a crude technique, but in the study of epilepsy it is still proving its use and the more elaborate method of evoked responses offers a useful, non-invasive technique. It was also the first non-invasive tool to be used in monitoring brain surgery but of course it has now been

superseded by radiology and scanning techniques for working on brain tumours.

When I started to write this I thought that there were many differences in the practice of medicine between Britain and the continent in the 1930s–1960s which I would be able to record. When I first came to Britain there were so many things to adapt to – culturally, socially and professionally, that the medical differences seemed big and important, Yet, looking back it seems that the differences were rather superficial and that the actual practice of medicine in the countries where I have worked and trained is, fundamentally, the same.

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## Keep up the pressure!

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In politics some things can happen very quickly when a sufficient head of steam has been built up, as we have seen in the recent European Community election results. The message from the medical profession about the proposed changes in the NHS may now have been understood by politicians but we should never assume that governments will withdraw foolish or damaging proposals, so the time is ripe for renewed pressure for their withdrawal.

Members of Parliament on the Government side are now in a receptive frame of mind so this is the right time for a concerted effort in support of the criticisms of the White Paper already made by all the Royal Colleges and the BMA.

Every individual member of the College should therefore write to his or her Member of Parliament expressing in plain terms how the psychiatric care and treatment of patients will be affected by the proposals and their effect on training and research.

Members of Parliament should also be asked to meet deputations of perhaps three or four psychiatrists working in their constituencies to explain the problems more fully. Most important, they should be asked to put down Parliamentary Questions for oral answer whenever the Secretary of State is first on the list for questions.

I should explain that only one Question from any one MP can be answered orally and it is the luck of the draw (or rather printer's pick) how near the top of the list he comes! If his Question is not reached, the Member will get a written reply the same day. However, he can put down any number of written Questions as many times as he wishes. There is no

restriction on numbers or dates for written Questions, so your Member can have a field day if you let him have plenty of ammunition!

He should be asked to let you have a copy of the replies he receives to both oral and written Questions. If you are not satisfied with the replies, you can always ask him to put down further Questions.

Members can also put down Early Day Motions on the Order Paper for colleagues to sign if they are in support. As long as new signatures are added each day, the Motion will continue to appear on the Order Paper, thus attracting more signatures – and it is a very gratifying sight to see the list of supporters grow day by day!

Finally and equally important, do let your local Press know about the approaches made to your Member. They will be very pleased to see copies of letters sent and the replies. They will be interested to know dates of meetings with your Member before you see him and to have an account of what you said to him and his reply to you immediately after the meeting. Information about Parliamentary Questions and Early Day Motions should also be given to the Press. So keep the Press informed – they will love it! If your MP does his job, he will enjoy the publicity too! And you will be informing the public, your patients, of crucial changes that will affect their lives if they are enacted – and you may thereby encourage them, too, to lobby their MP!

Public pressure that is informed and persistent is the essence of a democratic society and I believe it would be particularly effective now. I would love to know how you get on!