

'failure' group though admittedly the latter was small. This study represents the situation in one American training centre but nicely illustrates that by considering 'overseas trainees' as an homogeneous group one overlooks those who are at least as good as the best of the indigenous trainees. The whole group too easily becomes 'labelled' by its least competent members.

Even if Dr Cox's conclusion is correct one should not assume that the fault lies with the trainees; it might be the trainers who must adapt their teaching methods to find that most appropriate to this group of students. Experience at Manchester suggests that the use of videotapes has a special contribution in this field.

Perhaps the term 'overseas trainees' has outlived its usefulness. As a result of our APIT survey we are beginning to appreciate that overseas trainees in psychiatry come from many different countries, have different backgrounds and motivations and experience a variety of different problems in this country both personal and professional. Only when these trainees come to be appreciated as individuals with their own strengths and weaknesses does their real contribution to our services become apparent.

FRANCIS CREED

MOHAN DAS

Members of APIT Committee.

Department of Psychiatry,
The London Hospital,
Whitechapel, E1 1BB

REFERENCE

- (1) Weiss J. and Davis D. *Psychological Medicine* 1977, 7 311-316.

PRESCRIPTION CHARGES

DEAR SIR,

One of my chronic schizophrenic out-patients, a civil servant, has pointed out to me that the steep rise in prescription charges must inevitably affect the compliance rates of patients receiving maintenance medication. When, some years ago, representations were made concerning this issue, one of the problems which then arose was that the stigma attached to chronic psychiatric disorder could be reinforced by the statement of diagnosis on the prescription form if exemption from charges were sought. Another problem was the doubt expressed by some psychiatrists on the value of maintenance medication.

Apart from the fact that the charges often impose an intolerable financial burden on the disadvantaged psychiatrically disabled patient, they must act as an additional deterrent to compliance. Furthermore, this

discrimination against this category of patient as compared, e.g., with diabetics and epileptics is in itself stigmatizing. The College might, therefore, consider making representations on behalf of this group of patients.

M. Y. EKDAWI

Consultant Psychiatrist

Netherne Hospital,
Coulston,
Surrey.

A similar letter from Dr R. K. Freudenberg appeared in the *Daily Telegraph* recently.

PSYCHIATRIC JOKES

DEAR SIR,

I am sure I am not alone in thinking that the lady referred to by Dr M. F. Hussain in the April issue of *The Bulletin* (p 68) and quoted from Freud's *Psychopathology of Everyday Life* meant exactly what she said, and what she meant was quite different from what Dr Hussain suggests.

N. H. N. MILLS

Gwent Health Authority,
Mamhilad,
Pontypool,
Gwent, NP4 8YP.

THE PRISON SERVICE INQUIRY

DEAR SIR,

I must protest about the College's evidence as put out in the *Bulletin* of May, 1979.

The point had been missed that joint appointments failed because neither the NHS and the Prison Service provided sufficient resources. The reasons given in the College's evidence were secondary to this.

The draft evidence quite fails to mention visiting psychotherapists (whose title it is proposed to change to visiting psychiatrists). It fails to appreciate both the role of and the enormous contribution made by visiting psychotherapists in the Prison Medical Service. If no visiting psychotherapist was on the group drawing up the College's evidence, then the College was in serious error.

It ill becomes those of us who work in the NHS to suggest that it is only medical services catering for separate minority groups that are giving a poor standard of care!

I find it difficult to read several paragraphs as other than being an attack on the reputation of our