at Oxford from 27.1 in 1966 to 17.6 in 1970, in spite of the lowest caesarean section rate (4.9%) for five years. Increased capital expenditure on monitoring equipment is not the only way of making progress and should not be overestimated.

JOHN STALLWORTHY

Oxford

SIR,—It is regrettable that nowhere in your leading article (12 June, p 1425) do you acknowledge the need to spend more on services for the mentally ill, both acute and chronic. Virtually nowhere are these services satisfactory. Devoted staffs spend their professional lives in a state of frustration because of staffing levels which prevent them properly applying their expertise. Among poor conditions, unrealistically heavy work loads have been one of the factors preventing the recruitment of an adequate number of personnel of sufficiently high standard for this especially arduous and demanding work. A series of official committees of inquiry have in their reports called attention to widespread deficiencies.

There are indeed "some absolute standards in medicine" and this is as true for the mentally ill as for the acutely physically ill to whom you seem to reserve your concern. Particularly distressing is that the services for the mentally ill should generally be in this poor state after more than a decade of governmental "priority." MIND will make every effort to ensure that in future the mentally ill get their proper share of national and local resources in any redistribution and on this would welcome your support.

TONY SMYTHE

Director,
MIND (National Association for
Mental Health)

London W1

Linguistic tests for migrant doctors

SIR,—I am most relieved to note in your report of the meeting of heads of delegations to the Standing Committee of Doctors of the EEC (5 June, p 1418) that they support the opinion of the Committee of Jurists that article 20.3 of the first medical directive cannot be interpreted as enabling host countries to impose tests of linguistic knowledge on migrant doctors. I hope this represents a genuine change of heart by the British delegation, which did not accept this opinion only seven months ago (13 December 1975, p 660). It is contrary to the expressed views of the Government (29 May, p 1354) and in this connection it now transpires that the General Medical Council, at the request of the Government, has already asked the Temporary Registration Assessment Board (TRAB) to develop linguistic tests for specialists and they are working on the matter.

The linguistic needs of specialists must be clearly relevant to the practice of that specialty, and a qualified specialist must be acknowledged to be competent to judge what words and concepts he needs for the safe practice of his specialty and mature enough to make sure that he acquires them. A linguistic test concerned with a general competence to practise is neither appropriate nor necessary. The profession must be vigilant to the possibility of the UK Government erecting linguistic

barriers which would invite retaliation from other EEC countries and thereby limit the movement of UK doctors. Freedom of movement is the best defence against bureaucratic control for professional men and may turn out to be the last.

M D VICKERS

Honorary Secretary,
Association of Anaesthetists of
Great Britain and Ireland

Department of Anaesthetics,
Welsh National School of Medicine,
Cardiff

***The Secretary writes: "There is a difference of opinion between the nine Governments of the EEC about the interpretation of article 20.3 of the medical directive on the mutual recognition of qualifications in medicine. There are slight differences in the texts in the different languages of the community. The English text states: 'Member States shall see to it that, where appropriate, the persons concerned acquire, in their interest and that of their patients, the linguistic knowledge necessary to the exercise of their profession in the host country.' The British Government takes the view that this text authorises the imposition of a linguistic test on migrant doctors, but the other countries of the community and the lawyers from the EEC Commission take the view that such a test will be ultra vires the Treaty of Rome. It appears to be certain that a doctor who fails a test cannot thereby have the recognition of his qualification refused."—ED, *BMJ*.

Medical qualifications in EEC countries

SIR,—Pray permit one last cry for a voice in the wilderness about the implementation of EEC medical directives (29 May, p 1354). Although we may be obliged to "recognise" diplomas awarded in EEC member states, such as Italy, let us be aware that Italian medical qualifications by no means equate with or even approach the standard of our own. The requirements to gain a full licence to practise freely in Italy (and thus be fully registered by the British General Medical Council), were (when I visited Bologna for two months in 1973) after a theoretical training on the university campus, six months' attendance at—not even participation in—departments of medicine, surgery, and obstetrics followed by the licensing examination. I had the chance to observe a long-case clerking of a patient in the State licensing examinations wherein two students were sent off together to clerk a cardiological case in their own hospital's cardiology ward. Their inadequate performance hardly merits column space in the *BMJ*, but to my surprise an Israeli house doctor later informed me that I had been watching one of the best students of that year. Later that day, while awaiting official announcement of the results of the entire examination, I had the chance to ask 12 of the candidates about their obstetric experience. One had actually delivered three babies; the other 11 had on average witnessed only four deliveries each.

Turning to specialist qualifications, as I understood the system the "competent authority" recognised for certification of completion of a specialist training was the applicant's own professor, who issued a certificate personally after a period (usually three years) of satisfactory assistance (normally

unpaid) in his department—that is, there exists no examination for specialisation such as we have in the UK. Such a person's position was on several occasions during discussion likened to that of "the Godfather." In Bologna, in the institute which I visited, political associations seemed to decide whether one specialised in male or female general surgery.

This and other information gained on the shop floor is available to the Brotherston Committee and any other reader who may want it.

M J C BROWN

Broadway,
Worce

Register of psychiatrists in training

SIR,—The Joint Committee on Higher Psychiatric Training issued its first report in 1975 and is now proceeding to collect information about all senior registrars, lecturers, research workers, and other trainees in "higher psychiatric training" in order to compile a register of psychiatrists in training. The register will enable the joint committee to advise trainees about its training recommendations and about possible future statutory requirements relating to specialist registration. The joint committee has already inspected certain higher training posts and a full programme of inspection will be undertaken over the next two or three years. A form for enrolment of trainees has been prepared and all trainees are now being asked to enrol.

Letters drawing attention to the enrolment procedure have been sent to postgraduate deans and to university departments of psychiatry and to clinical tutors of the Royal College of Psychiatrists. Further information can be obtained from: The Secretary, Joint Committee on Higher Psychiatric Training, c/o The Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG.

H J WALTON

Chairman,
Joint Committee on Higher
Psychiatric Training

London SW1

Case for private practice

SIR,—In his most interesting article on the medical care system in Australia (19 June, p 1523) Dr Derek Meyers at several points uses me as a whipping-boy on the issue of private practice. His remarks sent me back to the article to which he was referring (6 December 1975, p 591) to see whether I had really made the statements attributed to me. I was most relieved to see that I had not been as crudely dogmatic as he made me appear.

At no point did I say that it was "unthinkable that some people should get better medical care than others." I simply argued that medical care was different in kind from other goods and services and that rationing by the purse was therefore likely to arouse strong public emotions. Further, I did not assert that the scale of private practice should be limited in order to prevent the withdrawal of resources from the public sector; on the contrary, I pointed out that it might be thought preferable for doctors to switch to the private sector than to emigrate.

RUDOLF KLEIN

Centre for Studies in Social Policy,
London WC1