

CORRESPONDENCE

EXAMINATION RESULTS OF FOREIGN PSYCHIATRISTS

DEAR SIR,

It is regrettable that Dr. Mahapatra should have plunged into this subject (*News and Notes*, January) without adequately considering the evidence of cross-cultural psychology. It is abundantly clear (e.g. Vernon, 1969) that subjects from non-technological cultures have particular difficulty with problems involving spatial perception and manipulation; and there is evidence (e.g. Bhatia, 1955; Young, 1970) that this varies with social and educational levels within these cultures.

On the basis of this evidence, it might have been hypothesized that the foreign students would have the greatest difficulty in the most 'spatially-dependent' subjects like neurology, the least in verbal-conceptual subjects like psychology and social science, and possibly intermediate difficulty in genetics etc. (At the anecdotal level, I well recall an African D.P.M. student saying to me, 'of course I found the anatomy hardest: I can't think how you chaps just seem to be able to *imagine* the Circle of Willis'.)

In fact, the examination results quoted by Dr. Mahapatra do not support this hypothesis any more than they do his own (that the foreign students would have greatest difficulty with the language-based subjects). It is therefore possible that both hypotheses are true, and that their effects cancel each other; or that neither is true, and that the reasons for the foreign students' uniformly poorer results must be sought elsewhere.

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REFERENCES

- BHATIA, C. M. (1955) *Performance Tests of Intelligence under Indian Conditions*. Bombay: O.U.P.
VERNON, P. (1969) *Intelligence and Cultural Environment*. London: Methuen.
YOUNG, H. B. (1970) Socio-economic factors in child development. *Bibl. 'Nutr. Diet.'*, 14, 43-63.

DEAR SIR,

As a foreign psychiatrist I agree entirely with Dr. Mahapatra's analysis of the reason of discrepancy in success rate between foreign and British doctors. But in my own experience I could not pass the essay papers before improving my English grammar, dictation and composition which is not relevant to my work at home.

I wish the examiners put their scores for knowledge rather than language technicalities.

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NEEDS OF THE MENTALLY HANDICAPPED

DEAR SIR,

I was amazed that Dr. Day (*News and Notes*, January 1975) should consider that the medical component of mental handicap is insufficient to justify a specialty. The approach of shared responsibility in a care situation will discourage most young doctors; on the other hand the exciting possibilities of harnessing modern scientific developments to the appalling problems of mental handicap will attract able young applicants to the specialty.

The particular medical aspects should fall under the following headings:

- (1) Aetiological diagnosis. This is important, for it is only as aetiological diagnosis becomes established and extended that preventive measures are possible. The American President's Committee on Mental Retardation for 1972 stated it was their aim to halve the incidence of mental retardation in the U.S.A. by the end of the century. This figure may be unduly high, but there can be no doubt that there is considerable scope for preventive measures within the framework of present knowledge.
- (2) The treatment and management of disturbed behaviour in the mentally handicapped. Much of this is doubtless due to poor training, but much is of biological origin although modified by handling and management of the patient. The change in psychiatric illness as one descends the intellectual scale has been described by Reid (1972). Most would agree that formal psychiatric diagnosis is rarely possible below an IQ of 50, yet the problem of classification and treatment of biologically determined disturbed behaviour in the severely subnormal remains an important clinical problem.
- (3) The care of those patients severely physically as well as mentally handicapped.
- (4) Study of the neurological basis of learning and developmental disorders. This is a subject yet in its infancy, but at a very elementary level it is surprising how often a hemiplegic child will be attending 'school' without the teacher being aware there is an hemianopia.