MEETINGS

The Spring Quarterly Meeting of the College will be held at a country house near Newcastle upon Tyne on 2 and 3 May. The theme of the meeting will be 'Depression', and papers relating to genetical, biochemical and clinical aspects will be read. In addition, a session will be devoted to an open forum on the proposed clinical trial of an antidepressant, when it is hoped that the problems of conducting controlled trials will be ventilated in open debate.

The Summer Quarterly Meeting will be held in London in the first week in July, and will include the inaugural banquet of the College, to be held at the Guildhall on 3 July.

A joint meeting of the College with the Canadian Psychiatric Association and the Quebec Psychiatric Association will be held in Montreal, 5–10 June 1972.

MEMORANDUM ON 'THE FRAMEWORK FOR GOVERNMENT RESEARCH AND DEVELOPMENT'

Cmnd 4814 (ROTHSCHILD REPORT)

(Approved by Council, 9 February 1972)

Introduction

1. There is need to direct more research into areas of high social priority, of which psychiatry is a good example. To effect this, there is need for more 'applied' medical research and for closer collaboration between the M.R.C., Government Departments and medical research in the Universities (consideration of which was omitted from the Rothschild Report).

2. Though the Rothschild Report implicitly denies it, the highest quality contributor in the applied field has been the M.R.C.; the research it has promoted into the mental health services, for example, has been a major part of the research programmes of a number of its psychiatric research units.* Nevertheless, all are agreed that the sponsoring of research into the effects and effectiveness of health services, and how to ensure that medical knowledge is used to the best advantage, should be increased.

3. It is worth noting in this context that much of this research has originated from clinical scientists working in a health service setting; and the topics investigated would not have occurred to the 'customer' (Government Department). In psychiatry, at least, it is fair to say not only that the M.R.C. anticipated the Ministry of Health in applied research but that the Ministry showed little interest in what was published. The D.H.S.S., however, is now actively promoting research into the health services, and many projects are in collaboration with the M.R.C.

4. The need, therefore, is for closer collaboration between the M.R.C. and D.H.S.S. at all levels of responsibility in deciding research priorities, in determining their practicability and in taking account of the results; rather than claiming that the Councils, the scientists in the field, or the D.H.S.S. (which Rothschild favours) are each uniquely qualified to undertake this task.

Basic versus Applied Research

1. As far as can be gathered from the Report (paras 6, 7), the definition of applied research is too narrow to be applicable to clinical or biomedical research. Dainton's concept of strategic research (Dainton para 10) is more appropriate; a more general scientific effort, he says, is needed as a foundation for tactical science (the applied research of Rothschild) which 'is no less relevant in terms of practical objectives but is more wide-ranging. For this strategic work to be successful it is necessary to maintain the vigour of the underlying scientific disciplines and to deploy these disciplines with regard to national goals'. Tactical and strategic research include most of the work sponsored by the M.R.C.

2. The relevance of strategic research to psychiatry is particularly evident. If understanding of mental disorder, and hence the practical application of this knowledge, is to increase, then applied clinical research into the natural history, say, or treatment of mental disorders needs to be backed by psychological, genetical and pharmacological studies. But in such an endeavour, tactical (applied) and strategic research are part and parcel of one another: to limit applied research in the manner described in para 7 of Rothschild Report, i.e. 'to an end product, such as an antibiotic', or, to give a psychiatric example, an antidepressant, would soon exhaust the objectives of the applied clinical research worker, unless he is fed with, and contributes to, new observations on the biochemical or neurophysiological properties of this class of drugs.

3. Moreover, psychiatry needs to develop new techniques for assessing behaviour, whether these be physiological (e.g. analysis of EEG), psychological (e.g. repertory grids) or statistical (e.g. multivariate analysis), each of which is directed to a practical objective. Such research is unlikely to be short-term or attractive to a body such as the D.H.S.S. necessarily concerned with improving the services it provides.

Customer/Contractor Principle

1. This recommendation of the Rothschild Report has, for a number of reasons, provoked the most

* See *M.R.C. Annual Reports:* Social Psychiatry Unit; Unit for Epidemiological Studies in Psychiatry; Clinical Psychiatry Unit.

https://doi.org/10.1192/S0007125072302515 Published online by Cambridge University Press