

BRITISH MEDICAL JOURNAL

SATURDAY 25 APRIL 1981

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We may return unduly long letters to the author for shortening so that we can offer readers as wide a selection as possible. We receive so many letters each week that we have to omit some of them. Letters must be signed personally by all their authors. We cannot acknowledge their receipt unless a stamped addressed envelope or an international reply coupon is enclosed.

Correspondents should present their references in the Vancouver style (see examples in these columns). In particular, the names and initials of all authors must be given unless there are more than six, when only the first three should be given, followed by *et al*; and the first and last page numbers of articles and chapters should be included. Titles of papers are not, however, included in the correspondence section.

The "bridgeman"

SIR,—I was delighted to see the article by Professor Michael Shepherd (21 March, p 961), which reflects the difficulties that have always been faced in attempting to link advances in basic science with a growing clinical discipline. The problems have a familiar ring, and I think have similar solutions. At the present time, with financial stringencies so much to the fore, it is particularly difficult to contemplate new developments. But few areas could be of such great importance as that of mental disorders, where a lack of balance between basic scientific advance and knowledge of the nervous system has gone far beyond the behavioural studies represented by psychology and psychiatry.

I have always felt the need to concentrate on the "bridgeman" who has been trained in basic science and yet who can practise clinical medicine well. His function in an undergraduate medical school is to bring together the basic scientist in physiology, pharmacology,

biochemistry, and other germane subjects together with the practising psychiatrist and psychologist. This serves the function of making the best use of the skills of well-trained people and of demonstrating to the undergraduates, who are the source for the future, the real possibilities and attractions within the subject. The "bridgeman," as in other areas of medicine, has to have his career well planned, and in psychiatry much thought has to be given as to the best way of reducing the long clinical apprenticeship thought to be necessary at present. I think there is an exaggeration of the length of time required to arrive at the starting point of more clinical responsibility, and more attention should be paid to the quality and potential for development.

I was particularly sad, therefore, to read a letter in the *Journal of the Royal Society of Medicine* from Dr A V P Mackay,¹ who had been well trained in basic science and in

psychiatry and who until recently had been holding the position of "bridgeman" at a Medical Research Council Unit in Cambridge, which would be thought to be an ideal setting. He left because of difficulties over applying his research work to the problems of patients because of a lack of clinical-psychiatric-research beds. These are, of course, particularly essential in this field, and he pointed out that neither the Medical Research Council nor the Department of Health and Social Security seemed to be able to provide such facilities. This is where our current financial stringencies may strike at the real capacity for a subject to grow, and it seems to me that if this is a widespread problem, it needs urgent consideration.

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¹ Mackay AVP. *J R Soc Med* 1981;74:168.