neuroendocrine probe was too specific for tracking down the 5-HT dependent peripheral marker of OCD.

A further contribution on serotonin mechanisms in anorexia nervosa by Kay *et al* (p. 556) finds elevated concentrations of serotonin metabolites in the CSF of patients. These authors say that this work contributes to the understanding of the psychobiology of the illness. Some cynics may say that the illness is all psycho and no biology, but surely with the advent of a wide range of new serotonergic drugs, the possibility of serotonergic substrates for any of these types of conditions at least deserves exploration as the treatment prospects may eventually be dramatic.

Reading through this type of issue of the Archives several emotions spring to mind. Firstly, all the contributions are American except one, and rather than resentment at this we feel jealous. Clearly, the neurobiological approach to psychiatry receives considerable funding, unlike in the UK and Europe. To understand the wisdom and context of this one needs to look wider than the Archives, since they will always be in the position of publishing the highest quality research. To gauge the degree of squandering of resources it might be wiser to consult those lesser Journals who have expanded and formed to accommodate the least publishable units of data. We do not entirely subscribe to the view that the very restrictive peer review of tenders for limited funds, as in the UK, is likely to lead to better focused research and more definite success, particularly in the capricious area of psychiatry. This philosophy suggests a certain arrogant prediction of the natural world that we do not possess and we would wager that important findings will come accidentally from where we least expect them rather than a carefully honed piece of grantsmanship. One of our undergraduate tutors, now one of the world's best known neurochemists, once said in an informal setting that it was more important to do an experiment every day on something or other rather than spending a lot of valuable hours thinking up the perfect study. But clearly a balance has to be struck and we have to guard against a backlash of cynicism and disappointment which may lead to the return of non-biological approaches in inappropriate circumstances.

Maybe then we could write something about swinging pendulums and changing fashions? So we leafed through the June 1981 issue. The issue was full of contributions about monoamines, serotonin tryptophan and monoamine oxidase enzymes. Going back another ten years to June 1971 the issue is almost entirely devoted to neuropsychology although a glimmer of hope; a paper considering the psychodynamic conflicts in Ernest Hemingway's inner life on the tenth anniverary of his suicide. Ten more years should thus do it so turning to June 1961 we were thwarted again only to find papers on electrophysiology, the biology of vibration perception and works on possible autoimmune abnormalities in schizophrenia. It would seem then that certainly despite the changing winds of fashion in psychiatry (which blow particularly strongly in the States) the Archives has maintained an absolutely true course in its dedication to the presentation of high quality biological research in the field of general psychiatry and fully deserves its number one status as the most popular and widely cited journal in the field. So we congratulate the Archives; it has stuck to its guns through changing fashions and has been and is the foremost journal for biological psychiatry, and in the main avoids controversy because of its position in being able to select only the more significant contributions. There may well be too much of this approach in the States and equally too little in the UK but you will not glean this from the pages of the Archives.

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Research and development for the National Health Service

(MICHAEL PECKHAM [1991]) *Lancet*, **338**, 367–371

Professor Michael Peckham's appointment as Director of Research and Development for the National Health Service in England reflects a new phase in central government's concern to influence health care research. Responding to the House of Lords' 1988 report *Priorities in Medical Research*, and to continuing doubts about the effectiveness of the Department of Health's own research

management division, Professor Peckham's remit is to control all the research and development activities funded through the NHS – estimated at over £200 million.

Is "control" too severe a word? Committees at national level will "identify research and development (R & D) priorities", while regions "will be required to publish and implement" an R & D plan and be held accountable for it. Regional programmes will include regionally funded research of both local and national concern, and also R & D of national concern funded through the central committee through a bidding process with peer review. This structure will at least be more transparent for research workers than the Department of Health's current process of blind competitive contracting and bilateral negotiation with favoured sons.

The real test of this strategy will be whether it can influence the research undertaken within teaching hospitals using NHS funds. The Rothschild arrangements for directing R & D in the Department during the 1970s failed for two reasons – the research community did not want to do the research directed at them, and the Department was always too poorly staffed to give critical leadership to researchers. Peckham's strategy will devolve much of the assessment of research to regions, not previously noted for their ability to handle R & D imaginatively or to provide expert advice on research priorities. Will those who get on the committees, or their friends, seek to ensure the status quo?

Yet psychiatric research could profit from these developments. Regions have community psychiatric care, dependency services and medium secure units high on their service agendas: the arrangements offer an open door for evaluating new patterns of care. Much basic work needs to be done in improving measures of mental health status and outcomes. And Professor Peckham specifically points to the need for partnership between epidemiological and health services research and biological psychiatry.

As a health services researcher I welcome Professor Peckham's broad strategy, although there will surely be difficulties in its effective implementation. However I disagree with his view, argued here once again, that randomised trials are the "best way to evaluate competing forms of care". I sometimes think that Archie Cochrane's panegyric to the RCT, in his book *Effectiveness and Efficiency*, blighted outcome research in Britain for the past 20 years. In my own experience, most health care cannot be evaluated by RCTs, yet we still need to know whether it is effective. Much more attention needs be given to high quality, collaborative, observational research. Unless research commissioners advance from the logical purity of the RCT into the real world, this strategy for R & D in the NHS will fail.

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The community and asylum care: *plus ça change*

(D. W. JONES, D. TOMLINSON & J. ANDERSON [1991]) *Journal of the Royal Society of Medicine*, **84**, 252–254

Is it reasonable for mentally ill people to "do nothing"? At a recent meeting of the Social, Community and Rehabilitation Section of the College, there was some discussion of this in the context of the influential 'Three Hospitals' study. The assumption of those researchers had been to view such non-activity in a pejorative light. Some members of the audience considered this simply reflected the "class norms and value preferences of the professionals", a phrase used by Jones *et al* in relation to modern attitudes towards community care. Developing a thoughtful and historical perspective, based on their own continuing work in the Friern/Claybury TAPS (Team for Assessment of Psychiatric Services) research project, these authors have highlighted several key weaknesses of the modern non-asylum movement.

Their criticisms focus on the dominance of management and organisational changes, changes that avoid dealing with the key issues of "professional and social conflicts". Noting the problems of selection bias and the new long-stay in their own research, they suggest that the "big questions" about the meaning of mental illness, the nature of society and our responses to deviant behaviours remain unaddressed. In particular they express doubts as to the expectations of rehabilitation. Although a little clumsy in their language, especially in their concluding paragraph, they do expose how superficial are many of the so-called "changes". Their