behaviour therapy and also working with ancillary staff, such as receptionists.

Robson and colleagues' study of a behavioural orientated clinical psychology service[2] used different criteria to assess outcome, that is, psychosocial and economic measures which may be more valid. Both papers indicate areas where further research is needed and I personally would not wish to see the unwarranted conclusions drawn in the summary of Freeman and Button's paper inhibit clinical psychologists from working closely with general practitioners and so prevent useful research in an important area.

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Sir,

Freeman and Button's conclusion (July *Journal,* p 377) 'That no benefit has been demonstrated from individual therapy by clinical psychologists' is not and cannot be justified by their results. This is because of: (1) the non-random nature of referral, and (2) the outcome measures employed.

The lack of random referral within the relevant patient group prevents the possibility of drawing any firm conclusions. It is entirely possible that the very worst patients were referred to the psychologist and that the most successful intervention would have had the effect of keeping them within the trend observed.

The outcome criteria are inadequate because they are too generalized, too distant from the focus intervention, and may often be irrelevant. 'Psychosocial encounters' represent too wide a range of consultations to be expected to reflect treatment success and prescriptions for psychotropic medication represent not only the patients' behaviour but also other factors such as doctors' prescribing habits (which changed dramatically over the six years studied). Reductions in these may be token improvements in some problem areas, such as stopping taking hypnotics — a problem for which psychological intervention has been shown to be of value.[1] For many other problems referred to psychologists (such as enuresis, sexual dysfunction, obesity), a successful outcome would not be expected to produce a reduction in prescriptions for psychotropic medication. The two-dimensional view of outcome embodied in the study does not reflect the diversity and complexity of problems referred to psychologists in general practice. Other studies are similarly flawed.[2,3]

It is time to go beyond studies which ask 'Are clinical psychologists (or social workers, or general practitioners) effective?' to those which are more specific, questioning the effectiveness of particular remedies for particular problems, and answering them through experimental studies with relevant outcome criteria (whether these are dry nights, depressed mood, or frequency of orgasms). Lumping together disparate problems and applying generalized outcome criteria is not a helpful strategy. Freeman and Button's study is interesting, but does not support their conclusions: descriptive studies are no substitute for controlled trials.

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Night calls: an emotional issue

Sir,

The unsigned leader in the July issue of the *Journal* (p. 362) may well reinforce the view of many Members and non-Members that the College is out of touch with reality. It is suggested that general practitioners are opting out of night work because of the emotional and physical demands it makes upon them and that the doctors concerned should be more aware of the psychotherapeutic benefits which may accrue. The writer should reflect that a large part of the population in this country lives in inner city areas. Doctors in these areas wish to avoid night calls because they are afraid. They dread visits to high rise flats, climbing up dark staircases, where they know that 20 per cent of the population is unemployed, many drug dependent, and in due time depending on violence and robbery to provide for their needs. In my own area, in the last six months at least two young doctors have been attacked. We have enough problems in providing primary care for inner city populations, without having to bear unctuous statements about the well known potential benefits of night calls. The writer might consider the mental and at times physical damage to doctors working in these areas in calculating his