cooperation between Health and Home Affairs ministries, with the former providing the medical manpower, the latter the facilities. There is no Hospital Order in Singapore and indeed the Judiciary would argue that there is no need for it.

I agree with Ruth McCutcheon about overseas training experience at senior registrar level (a point to consider for the future specialist registrar grade). Piachaud (1992) suggests forging links with a view to establishing a list of approved overseas centres for the purpose of higher psychiatric training. The recent establishment of the Institute of Mental Health in Singapore heralds an important move towards more research and development; the service would certainly welcome a partnership in this endeavour.

As a possible training centre, Singapore offers a unique blend of East and West, continues to use English as the first language, and has highly advanced information technology. The logical first step would be an exchange exercise in the subspecialties and I invite the Joint Committee of Higher Psychiatric Training (JCHPT) to consider this.

**Lithium prescribing and monitoring in general practice**

Sir: The letter from Dr A. D. Armond (Psychiatric Bulletin, February 1995, 19, 117) concerning lithium prescribing and monitoring in general practice has been widely reported in the general practice press; the views expressed on management cannot pass unchallenged. Dr Armond suggests that lithium prophylaxis should not take place in general practice even when the patient is stabilised, and that the complex pharmacology of lithium and the variability of supervision make general practitioners (GPs) unsuitable to administer this drug. This view correlates with the perception among some psychiatrists that GPs are "particularly liable to make inappropriate choice of drug and dose" (Brown, 1993).

It is unusual for a GP to initiate treatment with lithium. Those patients with severe affective symptoms requiring lithium will not have responded adequately to neuroleptic or antidepressant treatment. The help of a psychiatrist is then often needed. Some patients, however, refuse to see a psychiatrist because of perceived stigma associated with a psychiatric referral. Therefore, I have started some patients on lithium for its mood stabilising effects, and also as adjunctive treatment for depression. Dr Armond's anxieties about the interaction between lithium and other drugs has been largely obviated by the development of computer programmes in general practice which will warn the doctor, at the time of prescribing, about possible interactions.

Lithium undoubtedly needs to be monitored carefully within the community. Psychiatrists may not be aware that the trend for monitoring chronic disease is to involve primary care where possible, and there are drugs of equal