

HERSCHEL, SIR JOHN (1849) Quoted from *Applied Regression Analysis* (2nd edition). N.R. Draper & H. Smith. Chichester: Wiley, 1981.

TUKEY, J.W. (1977) *Exploratory Data Analysis*. Addison Wesley.

D. H. MYERS, *Shelton Hospital, Bicton Heath, Shrewsbury SY3 8DN*

### Dosage information in the British National Formulary

Sir: We write to add our wholehearted support to Ann Barker for raising various concerns about dosage information contained in the *British National Formulary* (BNF) and how they have come to be used. (*Psychiatric Bulletin*, 1993, 17, 557). For some time now, in relation to the use of lithium medication we have been airing similar concerns about BNF and MIMS (*Monthly Index of Medical Specialities*). Both publications set out their aims and scope in their preface, for rapid reference and for use as a prescribing guide. Nonetheless, the publications seem to acquire a legal standing as, for example, "BNF maximum". The contents should be accurate and up to date so as to enjoy professional confidence and credibility. Otherwise how else could one reconcile major differences between BNF and MIMS as in the maximum suggested dose of injection Depixol where BNF suggests a maximum of 400 mg weekly and MIMS "up to 300 mg every 2 weeks".

We are pleased that a Royal College Consensus Group is looking into these issues. The group may wish to examine the accuracy and current validity of relevant entries in BNF and MIMS so that medical practitioners are better informed and their patients better served let alone legal implications. Regarding lithium medication, the problem is with dose, side effects, toxicity and contra-indications, for which the information is outdated and sometimes conflicting. The Third British Lithium Congress held in Wolverhampton in September 1992 established a working group to produce a consensus report on proposed guidelines for good clinical practice to deal with the problems out of date information in the BNF and MIMS. (*Lithium Prophylaxis: Proposed Guidelines for Good Clinical Practice*. (Report of a working party established by the Third British Lithium Congress, Wolverhampton 6–10 September 1992). N.J. Birch (Chairman of the Working Party), P. Grof, R.P. Hullin, R.F. Kehoe, M. Schou and D.P. Srinivasan. *Lithium*, 4, November 1993).

D.P. SRINIVASAN, *Garlands Hospital, Carlisle CA1 3SX*; and N.J. BIRCH, *Biomedical Research Laboratory, School of Health Sciences, University of Wolverhampton, Wolverhampton WV1 1DJ*

### GPs' views of psychotherapy services

Sir: I was interested to read the paper by Morton & Staines on 'GP use of psychotherapy services' (*Psychiatric Bulletin*, 17, 526–527). I agree that little is known about how GPs view psychotherapy services, and heartened to see that, despite the ideological and organisational changes imposed on the NHS of late, the results indicate that GPs continue to value NHS psychotherapy services. My own study of GPs' views of psychotherapy services in Central Manchester in 1984–85 demonstrated a high degree of GP support for the services (95%), and many wanted more contact with the services and opportunities for further training and supervision for themselves (Reilly, 1987). There was a clear need for dialogue between GPs and psychotherapists then, and no doubt the need is greater now, with general practice fund-holding and the need of provider units to attract referrals.

In York we are currently conducting a simple audit of GPs views and utilisation of the local NHS counselling and psychotherapy service. No doubt psychotherapy units around the country have or will be planning to do the same. It would be interesting to compare notes.

REILLY, S.P. (1987) A psychotherapy service: how general practitioners see it. *Bulletin of the Royal College of Psychiatrists*, 11, 191–192.

STEPHEN REILLY, *Bootham Park Hospital, York YO3 7BY*

### 'Bulletin' readership survey

Sir: Tom Fahy should be congratulated on his excellent survey and his courage in publicly challenging the editorial policy of the widely loved and respected *Bulletin* (*Psychiatric Bulletin*, 1993, 17, 473–476). His survey suggests an easy method of lowering the increasing rate of rejection of articles submitted to the *Bulletin*. Stop publishing the interviews and use the space to publish what the punters want and read. His survey showed less than 20% of readers usually always read interviews, but almost 50% usually or always read Audit in Practice. In the same edition of the *Bulletin* an interview with Professor Leighton was eight pages long while my paper on audit was only two pages (Hodgson *et al*, 478–479). Excluding the interview would have provided four times as much space for similar audit articles of the same length, or the opportunity for 96% of the readership to read original papers or research reports.

OLA JUNAID, *Nottingham Healthcare Unit, Mapperley Hospital, Nottingham NG3 6AA*