As to whether this training should have been offered by our staff, not only did our administrator have more expertise in interviewing, but, more importantly, he did not know the patient, thereby being able to simulate the "real" situation more appropriately than if a familiar staff member had undertaken the task. In addition, the interviews took place at a location similar to that for the real interview. Thus we have presented the unusual case where a non-clinically trained NHS manager has been employed in the management of a clinical problem because of his specific expertise. One wonders whether Dr Bowker's response reflects the anxiety some doctors feel when there is debate on the roles of different professions, and the encroachment on our roles as psychiatrists.

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Patients repeatedly admitted to psychiatric wards

DEAR SIRS

Dr Mavis Evans' reply to my letter (*Psychiatric Bulletin*, 1992, **16**, 664–665) about her article (1992, **16**, 327–328) does not persuade. It is the clinical details and the natural history of the patients, particularly their rapid remission following admission, that shouts a diagnosis of substance abuse as a cause for the disturbed mental state.

Far from saying that patient 1 should be rejected by health services, I said that he should be given the correct treatment for the disorder that he has, namely a drug-related psychosis, and not a spurious treatment which effectively prevents the application of the correct treatment and which in any case is only partially effective. This is so whether or not the original diagnosis of schizophrenia in his teens was correct, and how does she know that it was?

Similarly with patient 2, could the apparent hypomanic behaviour be the result of alcohol? More importantly, Dr Evans does not say how she knows he is not also using cannabis which is probably the commonest cause of mania in young adults nowadays (Rottanburg, 1982).

I am glad that she finds that case 3 "fits in" to what I described. I did not suggest that chemical sedation should not be given; on the contrary, it is frequently necessary as first aid but it is also vital to make a diagnosis and all too often neuroleptic drugs are continued after the first two or three days on the basis of a spurious diagnosis made on admission. Of course, these patients need continual support, but first of all they need the correct diagnosis and treatment and that is the problem that I felt the College needs to tackle with an educational programme.

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Reply

DEAR SIRS

Professor Cohen argues powerfully for the correct diagnosis and treatment of drug induced psychoses, a course no-one can argue with. However, recurrent (or frequently relapsing) psychoses in young adults existed before widespread drug abuse. Drug abuse in this group of patients can be seen as a symptom of their illness, not an aetiological factor. Drug abuse in this situation needs correct treatment but so does the psychosis itself.

The wider use of screening urine for drugs on admission may help to identify and thus aid treatment in patients where drug abuse is an aetiological, precipitating or maintaining factor. However psychiatry is not an easily measured subject and sometimes we have to take the patient's word on when symptoms appeared in relation to their drug or alcohol usage.

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(This correspondence is now closed – eds.)

'How to get published'

DEAR SIRS

We thought it might be useful to record some of the issues discussed at our senior registrar get-together in September 1992 entitled 'How to Get Published'. The aim of the meeting was to extract practical advice from experts on the topical issue of getting our names into print and so we invited a panel of psychiatrist editors: Professor H. G. Morgan, European Editor Designate *Current Opinion in Psychiatry*; Dr Alan Cockett, Editor of the *British Review of Bulimia and Anorexia Nervosa*; Dr David Nutt, Editor of the *Journal of Psychopharmacology*; and Professor Elaine Murphy, Editor of the *International Journal of Geriatric Psychiatry*. To stimulate thought, senior registrars had been posted in

advance copies of 'The nuts and bolts of writing papers' by Ralph Footring (1990) and asked to bring their particular difficulties in this area to the meeting.

Professor Murphy opened with a practical address which aimed at giving insight into the sort of material which editors like to receive. High on her own list are original innovative ideas, and provocative or challenging comments. Low on her list would be "yet another account of yet another day hospital service". She warned that the gestation period from submission to publication in some of the better known journals can be up to two years. However she pointed out that the *British Medical Journal* usefully rejects or accepts material after a few short weeks. Professor Murphy suggested that we might submit material to 'lesser' journals such as small specialist publications, or journals for other professionals such as nurses. Some of the free publications for general practitioners are grateful to receive specialist articles about psychiatry. She further suggested that direct contact with the editors of journals might be fruitful, and could lead to one being commissioned to write an article, for which in some cases payment might be offered.

The senior registrars were then divided into small group sessions, each chaired by one of the expert panellists. When the meeting re-convened, a spokesperson from each group summed up their deliberations. These are some of the points made.

An article is unlikely to be accepted if it is not presented in the format of the journal concerned. This is not just to flatter the vanity of the editor, but reduces his work and makes him much more kindly disposed to such an article.

Most drafts of articles can be shortened and a critical friend should be enlisted with a red pen.

The guidance of an expert mentor is well worth seeking, who may save much work by steering both the direction of research and its final writing up in the most productive direction.

Concerning statistics, it is much better to seek the help of a statistician early, rather than to enlist such help at a late stage when major flaws may be irrevocable.

Submissions to the letters section of journals is useful and again a quick entrée to print. (On this point, if one's article or letter is itself the subject of overtly critical correspondence, it was suggested that this should be responded to in grateful terms, e.g. "it was kind of Professor X to take the trouble to respond to my article, and his comments have been most helpful – "whereupon one can set about vigorously refuting the detractor's comments).

In the general discussion which concluded this meeting, several thoughts were aired; that despite the various ploys and gambits necessary to catch the editor's eye, getting into print is a necessary achievement and one which is rewarding and pleasantly habit forming. Quantity *per se* is not important in terms of numbers of publications: in this respect psychiatrists are still fortunate. Collaboration with colleagues or professionals from other disciplines can help generate energy and momentum, and also lighten the load. It obviously helps to pick a collaborator who excels in an area of personal weakness, e.g. statistics! The final message was "be bold and start now, if you have not already started".

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A museum of psychiatry

DEAR SIRS

Among psychiatrists, nurses and others who work in the fields of mental illness and handicap there is concern to ensure the preservation of historical material as the large psychiatric hospitals disappear. At York an archivist has been appointed. The Royal Earlswood Hospital had a museum on mental handicap. Stanley Royd Hospital, Wakefield, has the Stephen G. Beaumont Museum, opened in 1975. As hospitals are closed records, archives and artefacts of value in psychiatric education, in epidemiological, in epidemiological studies, and of general public interest could be lost.

The College is in a strong position to take a lead on this issue. Historical material preserved in psychiatric hands would be better understood, classified and displayed than if in local authority archives. Has the College considered the establishment of a museum of its own for which material could be invited and, if agreed to be of value, donated? Funding could be raised by contributions from members, appeals and sponsorship. The public could be admitted on paying a charge. The College might follow the example of specialised and award-winning museums which already exist.

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Reply

DEAR SIRS

I am grateful to Dr Spencer for raising what has seemed to many, an excellent idea. In 1984, the then President convened a meeting of interested parties to look into the question of a psychiatric museum.