

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.

IMAD M. ALI

Glanrhyd Hospital  
Bridgend

Sister ANNETTE EVANS

Psychiatric Day Hospital  
East Glamorgan  
South Wales

### *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.

SAMUEL I. COHEN

8 Linnell Drive  
London NW11 7LT

### *References*

ROTTANBURG D. *et al* (1982) Cannabis-associated psychosis with hypomanic features. *Lancet*, *ii*, 1364-1366.

### *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.

MAVIS EVANS

Wirral Hospital  
Clatterbridge  
Wirral, Merseyside  
L63 4JY

(*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