

Our EBJC is evolving into a successful academic forum for training and continuing professional development. The aims are to teach the process of identifying and assessing relevant evidence and to reach a clinical bottom line. We are concerned that even with a little practice two hours will not do justice to either aim.

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### Medical staffing crisis in psychiatry

Sir: I agree with Jenkins & Scott's (*Psychiatric Bulletin*, April 1998, **22**, 239–241) statement that the current crisis in medical staffing is a cause of serious concern. However, in their discussion of the possible reasons for this crisis they did not mention the increasing difficulties junior psychiatrists are currently facing in comparison with colleagues in other specialities. It is possible that psychiatry will become increasingly unpopular in the next decade because other competing specialities have made greater steps in rationalising their postgraduate training and career structure.

The introduction of the Calman reforms and the specialist registrar grade will significantly shorten and rationalise training in medicine, surgery and other hospital specialities. Conversely, these reforms have had a deleterious effect on psychiatry by lengthening the time spent in the poorly paid and perceived senior house officer grade.

Other specialities have made advances in lightening the burden of junior on-call duties. Innovations include, split shifts and a mandatory day off after being on-call. Unfortunately the burden of the junior psychiatrist continues to escalate, difficulties include: chronic bed shortages, violent patients, unhelpful casualty departments and the significant isolation of being on-call without a 'team' of peers.

We must be aware that factors such as career structure, time spent in junior grades and burden of on-call duties are important in the decision to choose a particular speciality. Such factors have been favourable in psychiatry, but recently have become less so. Unless this is

acknowledged and rectified we will continue to see a decline in juniors entering our profession.

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### The Internet and the future of psychiatry

Sir: Huang & Alesi (1996) discuss the implications of the World Wide Web for both psychiatrists and their patients and easy access to information has been particularly emphasised, although the quality of information and effects on patients of accessing such data has been questioned (Suresh & Lynch, 1998).

We wish to report a case that further highlights the potential dangers of how some information available on the Internet is being used. To our knowledge this is the first reported case in which a patient chose unusual suicide methods directly from a Web site on the Internet.

We treated a female patient who presented on two occasions to medical and psychiatric services having ingested roots of wolfsbane (*Aconitum napellus*), the most poisonous plant in the United Kingdom (Poisons Bureau Edinburgh). Among reported effects are bradycardia, hypotension, arrhythmias and death. On both occasions the patient required admission to and treatment on a coronary care unit for ventricular ectopics. On another occasion, once again accessed on the Internet, she injected approximately 2 ml of lighter fuel into her left forearm. This resulted in severe, local cellulitis with massive swelling which compromised distal circulation necessitating surgical compartment relief and subsequent skin grafting. She maintained that both these methods were found on the Internet and recommended as being 'certain' and relatively quick.

While the patient was reluctant to reveal the exact Web site where she found these methods, a quick Yahoo search under the keyword 'suicide' produced a number of sites containing the relevant information. For example, the 'Doyerself' Web site (<http://www.inergy.com/doyerself>) and the 'suicide methods' Web site ([http://www.montana.com/personal/kujawa/rob/suicide\\_methods.html](http://www.montana.com/personal/kujawa/rob/suicide_methods.html)) contain information on both methods used and offer links to other 'relevant' sites. The suicide methods site alone provides detailed information on close to 100 different ways to commit suicide ranging from self-poisoning to taking an acid bath.

These are just a small example of a number of very alarming and inappropriate sites, freely accessible to anyone. Psychiatrists need to be aware of the possibility of their patients, some of

them particularly vulnerable and suggestible, presenting with more and more unusual or bizarre methods of self-harm.

HUANG M. P. & ALESSI, N. E. (1996) The Internet and the future of psychiatry. *American Journal of Psychiatry*, **153**, 861–869.

SURESH, K. & LYNCH, S. (1998) Psychiatry and the WWW: some implications. *Psychiatric Bulletin*, **4**, 256–266.

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### Management of cognitive impairment of vascular origin

Sir: The study carried out by Michael Dennis & Ann Boyle (*Psychiatric Bulletin*, May 1998, **22**, 285–287) showed a clear consensus that aspirin is generally seen as an important strategy for the management of cognitive impairment of vascular origin.

The European Stroke Prevention Study 2 (Diener *et al.*, 1996) clearly concludes that dipyridamole in a modified release at a dose of 200 mg twice daily and low-dose aspirin have each been shown to be equally effective for the secondary prevention of ischaemic stroke and transient ischaemic attacks, and when co-prescribed the protective effects are additive, the combination being significantly more effective than either agent prescribed singly. This was a randomised placebo controlled, double-blind trial involving over 6000 patients. In clinical practice therefore we should be considering the use of low-dose aspirin in combination with dipyridamole.

DIENER, H. C., CUNHA, C., FORBES, C., *et al.* (1996) European Stroke prevention Study 2. *Journal of Neurological Sciences*, **143**, 1–13.

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