referred patient. Factors independent of diagnosis can affect the time of admission, for example, distance from the hospital. In our study of observation levels of acute psychiatric admissions (Langenbach *et al*, 1992), we found that the number of admissions varied with the day of the week. Of the 88 admissions during the one month study period, there was a peak of 20 (23%) on Fridays and a trough of six (7%) on Sundays.

The proportion of referrals later admitted will be affected by the assessment procedure employed and the organisation of the psychiatric services. Tyrer *et al* (1989) described the significant reduction in psychiatric admission rates in Nottingham with the establishment of a comprehensive rehabilitation service in 1980, and the introduction of a sectorised service in 1981. It is important to remember the role of senior medical staff and domiciliary visits in the assessment procedure, as a way of reducing inappropriate admissions.

As psychiatry continues to become more community orientated and the number of in-patient beds is reduced, it becomes increasingly important to avoid inappropriate admissions. This is an area which deserves further study.

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Management of anxiety

DEAR SIRS

In their guidelines for the management of patients with generalised anxiety (*Psychiatric Bulletin*, 1992, **16**, 560–565), the members of the consensus conference exclude hypnosis from their list of recognised psychological therapies. This seems a strange omission.

Relaxation, which is included in the recognised list of therapies, occurs also in eye fixation and progressive muscle relaxation, a commonly used method of induction and deepening in clinical hypnosis.

This differs from the Jacobson method of relaxation (Jacobson, 1938) cited by the authors, not only in technique but also in the much greater variety of suggestions used to achieve a state of complete calm. Not uncommonly, patients who have experienced the two methods report a better and more satisfying quality of relaxation from hypnosis. The latter has the added advantage over the Jacobson method in the shorter time taken to achieve complete relaxation and the ease with which patients can be taught to relax using self-hypnosis.

I am not aware of any intensive scientific scrutiny to which the Jacobson or any other method of relaxation has been subjected, as the authors suggest. Perhaps hypnosis offers no more and no less a 'complementary' method of relaxation than others and ought to be included in any 'recognised' list of anxiolytic psychological therapies.

The authors go on to imply that provision of psychological therapies depends on the availability of trained clinical psychologists, nurse behaviour therapists, community psychiatric nurses, and counselling services. Why is the psychiatrist omitted from this list? Every psychiatrist ought to be proficient in and able to offer at least one form of psychotherapy to his patients. The alternative is psychiatry offering an assessment service and biological treatment only with the bulk of specialised psychotherapy provided by non-medical therapists.

Judging from surveys, the general public expects psychiatry to offer psychotherapy as a form of treatment – biological therapy on its own is not enough.

Perhaps this dichotomy is reflected in the differing terminology used to describe the consumer in this paper. The main body of the text on description and management of anxiety refers only to 'patients', a term traditionally used by doctors and psychiatrists. The details of psychological therapies, however, almost entirely refer to the consumer as a 'client'. This unfortunate term conveys none of the complexity, suffering and endurance of patients (Regius, 1988); a patient is always a client but a client not always a patient.

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Overseas trainees

DEAR SIRS,

I read with interest Dr Adeniran's article (*Psychiatric Bulletin*, 1992, **16**, 701–702) outlining his successful assimilation on the Overseas Doctors' Training Scheme, particularly after the recent correspondence highlighting problems for overseas trainees.

Overseas trainees may have certain advantages over UK trainees in that they are likely to be more aware of cultural differences and not take their own cultural expectations for granted. UK trainees, who may now expect to move to a variety of areas as part of training, need to follow Dr Adeniran's example and maintain a high tolerance for cultural ambiguities and be prepared to make every effort to learn about different cultures within the UK so that they can accurately assess patients.

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Miscellany

Appointment

Ian Goodyer, FRCPsych, was appointed Professor of Child and Adolescent Psychiatry by the University of Cambridge on 1 August 1992. This is a newly established Chair in Cambridge and Professor Goodyer is the first holder. He will head the Developmental Psychiatry Section within the Department of Psychiatry.

The Medical Council on Alcoholism Prize Essay

A first prize of £400 and two runners-up prizes of £50 each are offered by The Medical Council on Alcoholism to general and higher professional trainees and trainees in general practice for a paper of not more than 3000 words on 'The Impact of Alcohol In or On My Professional Work'. Winning entries are submitted to the Editor of the MCA Journal *Alcohol and Alcoholism* for possible publication at the Editor's discretion. The closing date for entries is 30 June 1993 and the address for submission is: The Medical Council on Alcoholism, 1 St Andrew's Place, London NW1 4LB (telephone 071 487 4445), from whom 'Notes for Authors' can be obtained.

The Annette Award

The Schizophrenia Association of Great Britain offers a prize annually, known as the Annette Award, for research in the field of schizophrenia. In 1993 the award will be of £500. It will be offered for an account, not exceeding 5000 words, of an original piece of research. The aim of the award is to encourage and reward young researchers in university departments, research units and hospitals within the United Kingdom working in the fields of psychiatry, the neuro-sciences, biology or allied disciplines. Further details from the International Schizophrenia Centre, The Crescent, Bangor LL57 2AG.

Last year's award was made to Dr Alec Buchanan of The Maudsley Hospital for his study of treatment compliance in patients with schizophrenia.

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