

- 18 Ito H, Koyama A, Higuchi T. Polypharmacy and excessive dosing: psychiatrists' perceptions of antipsychotic drug prescription. *Br J Psychiatry* 2006; **187**: 243–7.
- 19 Craven JL, Voorneskos G. PRN medication for psychiatric inpatients. *Can J Psychiatry* 1987; **32**: 199–203.
- 20 Bowden MF. Audit: prescription of 'as required' (p.r.n.) medication in an in-patient setting. *Psychiatr Bull* 1999; **23**: 413–16.
- 21 Usher K, Luck L. Psychotropic PRN: a model for best practice management of acute psychotic behavioural disturbance in inpatient psychiatric settings. *Int J Mental Health Nursing* 2004; **13**:18–21.
- 22 Geffen J, Cameron A, Sorensen L, Stokes J, Roberts MS, Geffen L. Pro re nata medication for psychoses: the knowledge and beliefs of doctors and nurses. *Aust N Z J Psychiatry* 2002; **36**: 642–8.
- 23 Brooker C, Falloon I, Butterworth A, Goldberg D, Graham-Hole V, Hillier V. The outcome of training community psychiatric nurses to deliver psychosocial intervention. *Br J Psychiatry* 1994; **165**: 222–30.
- 24 Usher K, Holmes C, Lindsay D, Lack L. PRN psychotropic medications: the need for nursing research. *Contemp Nurse* 2003; **14**: 248–57.
- 25 Davies SJ, Lennard MS, Ghahramani P, Pratt P, Robertson A, Potokar J. PRN prescribing in psychiatric inpatients – potential for pharmacokinetic drug interactions. *J Psychopharmacol* 2007; **21**: 153–60.
- 26 Medicine and Healthcare Regulatory Authority. *Pharmacovigilance Working Party Public Assessment Report on Neuroleptics and Cardiac Safety, in particular QT prolongation, cardiac arrhythmias, ventricular tachycardia and torsades de pointes*. MHRA (www.mhra.gov.uk/home/groups/pl-p/documents/websiteresources/con2024041.pdf).
- 27 Thapa PB, Palmer SL, Owen RR, Huntley AL, Clardy JA, Miller LH. PRN (as needed) orders and exposure of psychiatric inpatients to unnecessary psychotropic medications. *Psychiatr Serv* 2003; **54**: 1282–6.
- 28 Donat DC. Impact of a clinical-administrative review procedure on reducing reliance on psychotropic PRN medication. *Psychiatr Rehab J* 2006; **29**: 215–18.
- 29 Donat DC. Encouraging alternatives to seclusion, restraint, and reliance on PRN drugs in a public psychiatric hospital. *Psychiatr Serv* 2005; **56**: 1105–8.



psychiatry in pictures

Military psychiatry at the Maudsley, 1918

Researched by Lieutenant Colonel Mark Tarn, and Professor Edgar Jones.

This remarkable picture captures the closure of the first great chapter in the history of British military psychiatry. Taken in December 1918, it shows a group of Army doctors photographed in front of the main entrance to the Maudsley Hospital. The Maudsley, constructed in 1915 to treat civilian psychiatric disorders, was actually opened in January 1916 as a specialist treatment and research hospital for 'shell shock'. Seated, front left and front right, are two luminaries of the time: William Rivers and Frederick Mott.

Mott, the leading neuropathologist of his age, was biologically minded. He believed that the clinical manifestations of shell shock were brought about by small, pathological changes in the central nervous system, caused by close proximity to explosions or toxins. His subsequent experiences led him to modify these views and recognise a psychological component.

Rivers had been a lecturer at Cambridge in medical psychology; he was also a renowned anthropologist. He believed Freud's ideas could be used to understand war neuroses. Famously, in 1917, he treated the war poet Siegfried Sassoon at the Craiglockhart Hospital near Edinburgh. As a result, Sassoon returned to active duty as an infantry officer in France.

Lessons learnt in military psychiatry are often forgotten once the conflict has been resolved. One wonders what Mott and Rivers would have thought of the current phenomenon of 'minor traumatic brain injury' currently described in American veterans of Iraq and Afghanistan.



Photograph courtesy of the Bethelm Royal Archives and Museum.

The British Journal of Psychiatry (2008)
192, 439. doi: 10.1192/bjp.192.6.439