

- (c) Dr Pilgrim may find ward rounds distressing and humiliating, but in a recent comprehensive survey of our long term in-patient population we found little evidence for this, and more than half (54%) of our patients stated that they wished to attend. We believe that this justified our established practice of inviting patients to attend on an individual basis, and that a blanket policy change away from patient attendance was not in keeping with our patients' wishes. We regularly seek the views of our patients in relation to all aspects of the service and adapt our practice accordingly, as well as having a lay advocacy system available to patients.

Incidentally, 84% of our patients felt that their treatment had been explained to them in a clear manner and 90% were satisfied with the way in which they were treated by staff.

We believe that our practices are relatively commonplace in British psychiatry and that there are currently many areas of concern with regard to the welfare and rights of the mentally ill to which Dr Pilgrim and colleagues could turn their attention.

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The standard Eire of the mean

DEAR SIRS

To call Ireland "Eire" is by now a sort of chronic standard error of the College exemplified by the new Membership List for 1991. A correction of at least two standard deviations is needed to approximate to minimum linguistic propriety in time for the next Annual Meeting in Dublin. The name of my country in the Irish language is indeed Eire. In the English language Eire translates to Ireland. To confuse the two languages is as ill informed as it is impolite. The insertion of Eire in an English text is equivalent to substituting Belge for Belgium, Danmark for Denmark, Espagna for Spain and so on – which our Editors would not dream of doing. Please note too, that Northern Ireland is a political, and southern Ireland a merely geographic, entity, indicating in latter case nothing more than the 50% of Ireland below its own waist. This is why we do not talk of Western Wales, Upper Gateshead or Middle Market

Harborough. The purely defensive strategy of some Irish contributors to the Journal of insisting on the Republic of Ireland is not to be encouraged as it might justify the English psychiatrist who, on learning of my home address, sympathised with me on my having to come down to London on the overnight train for College meetings.

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P.S. For the title of this letter I am heavily indebted to our Immediate Past President.

Patterns of referrals

DEAR SIRS

It is possible to draw alternative conclusions from the study by Ridley and colleagues (*Psychiatric Bulletin*, August 1991, 15, 471–472). They claim that the referring doctors were unaware that an intervention had been implemented. Yet referral rates changed significantly following intervention from 57 and 46 over eight months to 34 and 22 over a similar period. This represents a fall of 40% and 52% in referral rates in the two groups. Perhaps the intervention caused a change in the pattern of referrals.

The failure of "intervention" to alter attendance in the "ambulance group" may be explained if this group has a higher level of disability and therefore greater need; this is not clear from the paper.

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QALY delusions

DEAR SIRS

It has long been recognised that the content of delusions and hallucinations may change in response to cultural factors and personal experience. They have shifted from religious delusions to those involving space flight and inter-galactic warfare.

One of our patients recently claimed to hear voices saying, "She's taking up too much money, we'll have to get rid of her". Is the first case of the Government Health Service reforms being incorporated into a delusional system?

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