This survey was commissioned by the editors and was not intended to challenge editorial policy but to seek readers' views.

The editors believe that the interviews published in the *Psychiatric Bulletin* have been of much interest and value. A selection have recently been published in *Talking about Psychiatry* in which eloquent justification is made in the Preface as providing a unique perspective on British psychiatry. However, and this may relate to Dr Junaid's point in part, interviews have been traditionally conducted with eminent psychiatrists in retirement but are now to include colleagues who remain active and who have also distinguished themselves in other spheres as well as psychiatry.

EDITOR

Pharmacotherapy and wilful patient deception

Sir: The article by Dr Clarke (*Psychiatric Bulletin* 1993, **17**, 469–470) made interesting reading. The possibilities of adverse drug reactions in psychiatric patients are very real and can be overlooked. One factor not mentioned was the possibility of deliberate patient deception and, although infrequent, we feel it bears mention. Recently we encountered two patients with atypical symptoms related to this area whose behaviour proved hazardous to themselves and the treatment process.

One 30-year-old woman presented with ataxia and sedation while receiving treatment with antidepressants, and subsequently responded well to treatment as an in-patient. She later admitted using her child's methylphenidate and carbamazepine along with over-the-counter preparations. A second woman presented with bizarre neurological complaints during treatment with a tricyclic agent; the symptoms of meningism and headache persisted after the tricyclic was stopped. Later, she revealed that she was receiving oral retinoid therapy for acne but did not mention this lest the treatment was discontinued. Her subsequent response to treatment was good.

Patients may therefore wilfully mislead their psychiatrists on occasion especially regarding medication. The quality of the information we receive depends on a number of factors, and the use of over-the-counter preparations, herbal remedies and medications prescribed for others may jeopardise the patient and the treatment process. The fault may lie with the patient rather than the specialist who adheres too rigidly to his or her own area. The information may simply not be forthcoming despite exhaustive enquiry.

ALAN BYRNE, and GARY HNATKO, *University of Alberta, Edmonton, Canada*

Sexist case-notes can be useful

Sir: How sad that M. Phillips (*Psychiatric Bulletin*, 1993, **17**, 432) has revealed to the world the 'sexist' nature of medical record files kept at the Maudsley Hospital (women, buff colour; men, green). The reason for the differential colour coding has nothing to do with ease of retrieval etc (though this is commonly used as the pretext). It is, in reality, a subtle test of common sense for new Maudsley recruits. Common sense is a notoriously difficult ability to assess at interview and has no correlation with number of publications (O'Brien *et al*, unpublished observations on a frighteningly large and ever growing personal series). A registrar's 'time to realisation' that males and females have different coloured files is a reliable and valid measure which, in addition, never ceases to amuse those who have already attained this milestone. Although I do not have detailed figures to hand, I feel that the 18 months described by Dr Phillips is perilously close to being outside 2 standard deviations of the mean. However, Dr Phillips can be reassured in the knowledge that several leading academics (they know who they are) have failed to reach this goal without assistance from others.

On a more serious note, colour coded case-notes can be an invaluable part of the psychiatric examination. I became aware of such benefits when working in a clinic performing assessments on potential candidates for gender re-assignment surgery. If potential male-to-female transsexuals appeared carrying buff (female) files after registering, they had demonstrated their ability to live successfully as the opposite sex, by fooling the reception staff. But if they failed to demonstrate 'O'Brien's sign', and walked in with a green file, then it was clear more work needed to be done before surgery could be considered. This simple measure, of which patients (like Dr Phillips) were blissfully unaware, saved hours of informant history gathering. Despite my experiences in the gender identity clinic, I remain convinced that important differences do exist between men and women. I would suggest that 'sexist' colour coding of notes is not only a reflection of this but can aid in psychiatric assessment.

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Day care in old age psychiatry

Sir: Dr Ball (*Psychiatric Bulletin*, 1993, **17**, 427–428) attempts a critique of day care in old age psychiatry. As in all NHS services, historical factors determine the development of services. The 'Worthing experiment' (Carse *et al.*, 1958) is perhaps the original demonstration of active treatment in a day hospital to prevent admission

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