the MCQ papers. An examination of this kind does not lend itself to quick decisions. Furthermore, in present conditions 'moderation' of the marks of examinations is seen as desirable to achieve as high a degree of uniformity in the assessment of all candidates as possible. Careful assessment of the marks by a central committee is especially important in our examination where the number of attempts by each candidate is limited.

Some of the difficulties we have in conducting the examinations is illustrated by the example given in Dr Sen's letter, of variations in the approach of different examiners. We hold meetings of new examiners and annual meetings of all examiners partly to assist in providing an assessment of candidates which covers certain key areas of knowledge and practice. However, clinical cases vary widely and we are ultimately dependent upon the judgement of our examiners in assessing a candidate's competence. In the course of the examination the work of candidates is assessed by a series of examiners who each act independently. The Examinations Sub-Committee of the Court of Electors sees all the marks of every candidate anonymously before deciding who shall pass the examination. Only after decisions have been reached on all candidates are the names identifiable by the Sub-Committee.

The examinations for the MRCPsych are bound to remain stressful in some measure; I can only reassure candidates that the College will make the arrangements for the examinations as fair as we possibly can.

R. H. S. Mindham, *Chief Examiner, Royal College of Psychiatrists*

## How to change prescribing of hypnotics

Sir: Drs Harborne & Tudor's audit study shows how change can come about through the medical audit practice (*Psychiatric Bulletin*, March 1995, **19**, 155–157). We found their paper extremely useful as we have recently tried and failed to recommend a change in prescribing habits of hypnotics.

We initially surveyed a psychiatric in-patient population in May 1994; of the total of 111 in-patients, 36 (33%) were receiving night sedation. The prescribed medications were temazepam for 28 patients (78%) of total prescriptions, chloral hydrate for five (14%) and nitrazepam for three patients (8%). The retrospective examination of psychiatric discharge summaries showed 32% discharged on night sedation (only nine (2.5%) of the 414 summaries had no information of the medication on discharge).

To attempt to change prescribing habits we devised a night sedation policy:

(a) non-drug treatment based on behaviour approach (explanation of insomnia, avoid stimulants, regular eating patterns, exercise, hot milk drink, no daytime naps)
(b) neuroleptic medication, give at night where possible
(c) if prescription is necessary, use p.r.n., after 11 pm, alternate days where possible
(d) drugs of choice: chloral hydrate, temazepam, chlormethiazole and nitrazepam
(e) no hypnotics if the patient is on leave
(f) only one week's supply on discharge.

We met with clinical colleagues and nursing staff, discussed the policy, and presented findings of the initial survey.

At follow-up nine months later, in January 1995, there was no change in night sedation prescriptions, either during in-patient stay or at discharge. In addition to the medical staff failing to follow the recommended guidelines, the night nursing staff also found it difficult to resist some patients requesting the night sedation on a regular basis. We found problems with some patients who did not comply with the recommended behavioural techniques. Finally, we would add that it was relatively easy for us to detect hospital-produced night sedation dependency in contrast to Harborne & Tudor who comment how difficult it was for them to do. We used our comprehensive psychiatric discharge summaries which list medication on admission and discharge.

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## Racism in psychiatric units

Sir: I read with interest 'Sexual harassment of staff by patients in mental health units' by Maria B. Tomé de la Granja (*Psychiatric Bulletin*, March 1995, **19**, 168–169). Not only is sexual harassment a recurring aspect of working life in psychiatric units but also overt racism. As a German junior doctor working on a locked ward I encountered several times such actions and remarks as a manic male patient marching up and down the daytime area, hands lifted in *Hitlergrüss* style, shouting "Heil Hitler" when I entered the ward, to the amusement of patients present.

Another middle-aged patient refused to be treated by a "kraut" and called me names in German. This patient was also admitted in a manic phase. Both patients eventually recovered and I then engaged them in a discussion about their behaviour and that it had deeply offended me. Both men were sorry and apologised and I felt that this had been important for me as their therapist but also as a human being.

Less fortunate are nurses of black appearance who are often on the receiving end of racist remarks. Even though it is accepted that disturbed patients may lack judgement, their remarks still have an impact on health professionals as people which render them helpless and angry.

A policy taking account of that could act as symbolic 'self defence'.

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## Psychiatric research opportunities in the USA

Sir: The recent article by Ó Flaithbheartaigh ('How to Do a Research Fellowship in Psychiatry in the USA' *Psychiatric Bulletin*, January 1995, **19**, 40–42) provided very useful information for psychiatrists contemplating such an experience. It is surprising, however, that two of the most useful additional sources of information were not mentioned in the article. The Fogarty International Center at the National Institutes of Health fosters international cooperation and consultation in biomedical and behavioural science. It provides support for fellowships, research conferences, seminars, and other international collaboration.

The Office of Research at the American Psychiatric Association is also a critical information source. Established to provide leadership and a locus for communication for the psychiatric research community in the US, the Office of Research maintains detailed information on research funding and training opportunities, and science policy issues in general. We publish a quarterly newsletter, *Psychiatric Research Report*, available free to APA members and, importantly, also produce a *Directory of Research Fellowship Opportunities in Psychiatry*.

HAROLD ALAN PINCUS, *American Psychiatric Association, 1400 K Street, NW, Washington, DC 20005, USA*

## Dealing with addiction problems

Sir: Jim Van Os and Jan Neelman (*Psychiatric Bulletin*, January 1995, **19**, 1–3) stated that "France is the only country in the European Union where the law provides for the psychiatric detention of "alcoholics presumed dangerous" ("La Loi du 15 Avril 1954"). In fact psychiatrists in Ireland work under a 1945 Mental Treatment Act which allows the detention of a person who is an addict and is believed to require for recovery at least six months preventive and curative treatment. For the purpose of the Act, an addict is defined as a person who

(f) by reason of addiction to drugs or intoxicants is either dangerous to himself or herself or others or incapable of managing his or her affairs or of ordinary proper conduct, or

by reasons of his or her addiction to drugs, intoxicants or perverted conduct, is in serious danger of mental disorder.

In 1981 the Health (Mental Services) Act was passed by the Oireachtas (Irish Parliament). This Act has not been brought into force as developments in international law have overtaken it. I am delighted to add that a White Paper on Mental Health Legislation is due to be published by the Irish Department of Health. On 3 February 1995 the Irish Division of the Royal College of Psychiatrists held a meeting to discuss the imminent proposals in the White Paper. At that meeting the general consensus was that involuntary admission was not an appropriate way of dealing with addiction problems.

*Mental Treatment Act 1945*. Government Publications, Dublin 2.

*Health (Mental Services) 1981*. Government Publications, Dublin 2.

*Green Paper on Mental Health 1992*. Department of Health Government Publications, Dublin 2.

VERENA KEANE, *St Brendan's Hospital, Dublin 7*