

Our EBJC is evolving into a successful academic forum for training and continuing professional development. The aims are to teach the process of identifying and assessing relevant evidence and to reach a clinical bottom line. We are concerned that even with a little practice two hours will not do justice to either aim.

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Medical staffing crisis in psychiatry

Sir: I agree with Jenkins & Scott's (*Psychiatric Bulletin*, April 1998, **22**, 239–241) statement that the current crisis in medical staffing is a cause of serious concern. However, in their discussion of the possible reasons for this crisis they did not mention the increasing difficulties junior psychiatrists are currently facing in comparison with colleagues in other specialities. It is possible that psychiatry will become increasingly unpopular in the next decade because other competing specialities have made greater steps in rationalising their postgraduate training and career structure.

The introduction of the Calman reforms and the specialist registrar grade will significantly shorten and rationalise training in medicine, surgery and other hospital specialities. Conversely, these reforms have had a deleterious effect on psychiatry by lengthening the time spent in the poorly paid and perceived senior house officer grade.

Other specialities have made advances in lightening the burden of junior on-call duties. Innovations include, split shifts and a mandatory day off after being on-call. Unfortunately the burden of the junior psychiatrist continues to escalate, difficulties include: chronic bed shortages, violent patients, unhelpful casualty departments and the significant isolation of being on-call without a 'team' of peers.

We must be aware that factors such as career structure, time spent in junior grades and burden of on-call duties are important in the decision to choose a particular speciality. Such factors have been favourable in psychiatry, but recently have become less so. Unless this is

acknowledged and rectified we will continue to see a decline in juniors entering our profession.

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The Internet and the future of psychiatry

Sir: Huang & Alesi (1996) discuss the implications of the World Wide Web for both psychiatrists and their patients and easy access to information has been particularly emphasised, although the quality of information and effects on patients of accessing such data has been questioned (Suresh & Lynch, 1998).

We wish to report a case that further highlights the potential dangers of how some information available on the Internet is being used. To our knowledge this is the first reported case in which a patient chose unusual suicide methods directly from a Web site on the Internet.

We treated a female patient who presented on two occasions to medical and psychiatric services having ingested roots of wolfsbane (*Aconitum napellus*), the most poisonous plant in the United Kingdom (Poisons Bureau Edinburgh). Among reported effects are bradycardia, hypotension, arrhythmias and death. On both occasions the patient required admission to and treatment on a coronary care unit for ventricular ectopics. On another occasion, once again accessed on the Internet, she injected approximately 2 ml of lighter fuel into her left forearm. This resulted in severe, local cellulitis with massive swelling which compromised distal circulation necessitating surgical compartment relief and subsequent skin grafting. She maintained that both these methods were found on the Internet and recommended as being 'certain' and relatively quick.

While the patient was reluctant to reveal the exact Web site where she found these methods, a quick Yahoo search under the keyword 'suicide' produced a number of sites containing the relevant information. For example, the 'Doyerself' Web site (<http://www.inergy.com/doyerself>) and the 'suicide methods' Web site (http://www.montana.com/personal/kujawa/rob/suicide_methods.html) contain information on both methods used and offer links to other 'relevant' sites. The suicide methods site alone provides detailed information on close to 100 different ways to commit suicide ranging from self-poisoning to taking an acid bath.

These are just a small example of a number of very alarming and inappropriate sites, freely accessible to anyone. Psychiatrists need to be aware of the possibility of their patients, some of