hold considerable respect. Freudian and developmental theory are being considered, although the individualistic, intrapsychic emphasis of psychoanalysis, psychoanalytic theories on the origins of aggression, and emphasis on libido and sexuality do not appear to be too readily acceptable. Psychology as an academic discipline was regarded as a non-productive and mildly subversive activity during the Cultural Revolution, although it is now being reinstated. Chinese child care facilities would appear to cast doubt on the theories of many eminent Western psychologists. Boarding kindergartens exist for children aged three to six years, in which the children only visit parents at weekends, do not possess their own toys (or transitional objects) and appear to grow up into well adjusted citizens.

In some ways, China could be regarded as a massive social laboratory, in which, following the excesses and disorganization of the Cultural Revolution, regulated social changes, many of a pragmatic nature, are being implemented. The outcome, in terms of psychosocial pathology (or lack of it) will be observed over the next generation.

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A Psychiatric Version of the New Aberdeen Medical Record

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When Wilson *et al* (1978) described 'The new Aberdeen Medical Record,' they stated: 'The bulk and disarray of many hospital medical records make it impossible to review and retrieve information easily, hamper the proper care of patients and cause much time to be wasted ... when papers accumulate chaotically in the folders much time is wasted in clumsy attempts to retrieve information; important facts about patients and their problems and drug treatment are obscured.' The same problems apply to the records of psychiatric patients, and this paper describes the adaptation of the Aberdeen Medical Record for use in psychiatric units and hospitals.

Description of the new psychiatric record

The principle of the record is the same as that of the Aberdeen record in that 'like' documents are grouped together. Whereas the Aberdeen record has four sections, the psychiatric record has six sections: group A—patient identification sheets; group B—correspondence and summaries; group C—written case records; group D—reports; group E—investigation reports; group F—miscellaneous. These six sections are separated by five coloured cardboard dividers with protruding tabs. The tabs are labelled 'Correspondence', 'Case records', 'Reports', 'Investigations' and 'Miscellaneous'.

The first divider has printed on it a list of the six groups for filing purposes, followed by the filing instructions for group A and group B. The second to fifth dividers have printed on them the filing instructions for groups C to F respectively.

Group A: This group, comprising in-patient (HMR 1 (PSYCHI.I/P)) and out-patient identification sheets (HMR 1

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(O.P.) (Rev)) replaces the 'master registration card' of the Aberdeen record, which is the first document visible when the Aberdeen record is opened. Filing these documents in strict chronological order with the most recent document uppermost results in the most up-to-date information concerning the patient's name, age, civil state, general practitioner, next of kin and legal status (in terms of the Mental Health Act 1959), being the first information visible on opening the psychiatric record.

Group B: Filed *behind* the first divider are letters, copies of letters and summaries. They are filed in strict chronological order with the most recent letter or summary uppermost. Summaries are filed according to the date of discharge and admission summaries remain uppermost in this group until, on the patient's discharge, they become discharge summaries. Thus, in an out-patient clinic the doctor can quickly locate the most recent letter or discharge summary and in the ward or day hospital the admission summary is quickly located. Similarly, the original referral letter is usually to be found lowermost in this group. Summaries are typed on yellow paper and copies of letters on white paper so that summaries can be quickly located.

Group C: Filed behind the second divider are the written case records in chronological order irrespective of whether they refer to in-patient, day patient or out-patient consultations.

Group D: Filed behind the third divider are occupational therapy, psychology and social work reports, in that order. For each of these paramedical specialties the reports are filed in chronological order. This section is unique to the psychiatric record and has no counterpart in the Aberdeen record.

Group E: Filed behind the fourth divider are the reports of laboratory and other investigations. If there are just a few reports they can be filed on a single 'standard mount sheet'. If there are more reports than can be filed on a single 'standard mount sheet', or if the patient is being treated with lithium carbonate, reports are filed on separate mount sheets in the following order: bacteriology; biochemistry (excluding lithium results); cardiology; electroencephalography; haematology and blood transfusion; lithium; pathology; radioisotopes and radiology (including computerized axial tomography scans); side-room tests and miscellaneous. On each sheet reports must be in strict chronological order.

Group F: Filed behind the fifth divider, in the following order, are the miscellaneous groups of 'like' documents: drug prescription and administration sheets (each administration sheet being filed after the appropriate prescription sheet); depot (neuroleptic) injection sheets; ECT records; nursing records; other prescription sheets (e.g. anticoagulant, diabetic, etc); nursing observation records (e.g. temperature, fluid balance, etc); miscellaneous rating scales (e.g. mood rating scales, personality inventories, etc); any other document which should be retained.

The contents of the folder are held together by a plastic Mediclip^{R} (Gazebo, Edinburgh) which allows documents to be quickly inserted or removed at any part of the record.

Reactions to the new psychiatric record

Most users have welcomed the new psychiatric record. It is much easier to locate information required and to see where the next clinical note is to be written—the records also look neater. Those documents which were previously pushed into the back pocket where they became crumpled and torn are in better condition now that they have their own place in the main file which is securely held together by the plastic fastener.

Those who have not received the new record so favourably appear to be those who do not use it correctly. In most cases this is because they have not been shown how to use it. When the plastic fasteners were first used, only two of the three components were issued and they quickly gained a reputation for being more difficult to use than the 'treasury tags' which they replaced. Even when the new record was properly organized by the records staff, users who did not know how to use the fastener made a number of mistakes. Not realizing that the fastener could be released and easily opened at any point, they tried to force apart the tightly fastened documents to allow the open file to lie flat, documents which needed to be removed were torn off the spine and documents which should have been filed in the appropriate place were crammed into the back pocket.

In order to overcome these difficulties a short video-tape has been prepared. It describes the rationale behind the new record, it demonstrates the correct and incorrect use of the record, and it shows a bulky, unmanageable and chaotic record being converted into a bulky, manageable and organized record using the new system.

For some time it is anticipated that there will continue to be resistance to converting old records to the new system, but the resistance is largely proportional to the degree of disarray which was allowed to develop under the old system.

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Further details of the psychiatric record and video-tape may be obtained from Mrs B. McNally, Psychiatric Records Officer, Department of Psychiatry, University Hospital of South Manchester, West Didsbury, Manchester M20 8LR.

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