

advance copies of 'The nuts and bolts of writing papers' by Ralph Footring (1990) and asked to bring their particular difficulties in this area to the meeting.

Professor Murphy opened with a practical address which aimed at giving insight into the sort of material which editors like to receive. High on her own list are original innovative ideas, and provocative or challenging comments. Low on her list would be "yet another account of yet another day hospital service". She warned that the gestation period from submission to publication in some of the better known journals can be up to two years. However she pointed out that the *British Medical Journal* usefully rejects or accepts material after a few short weeks. Professor Murphy suggested that we might submit material to 'lesser' journals such as small specialist publications, or journals for other professionals such as nurses. Some of the free publications for general practitioners are grateful to receive specialist articles about psychiatry. She further suggested that direct contact with the editors of journals might be fruitful, and could lead to one being commissioned to write an article, for which in some cases payment might be offered.

The senior registrars were then divided into small group sessions, each chaired by one of the expert panellists. When the meeting re-convened, a spokesperson from each group summed up their deliberations. These are some of the points made.

An article is unlikely to be accepted if it is not presented in the format of the journal concerned. This is not just to flatter the vanity of the editor, but reduces his work and makes him much more kindly disposed to such an article.

Most drafts of articles can be shortened and a critical friend should be enlisted with a red pen.

The guidance of an expert mentor is well worth seeking, who may save much work by steering both the direction of research and its final writing up in the most productive direction.

Concerning statistics, it is much better to seek the help of a statistician early, rather than to enlist such help at a late stage when major flaws may be irrevocable.

Submissions to the letters section of journals is useful and again a quick entrée to print. (On this point, if one's article or letter is itself the subject of overtly critical correspondence, it was suggested that this should be responded to in grateful terms, e.g. "it was kind of Professor X to take the trouble to respond to my article, and his comments have been most helpful – "whereupon one can set about vigorously refuting the detractor's comments).

In the general discussion which concluded this meeting, several thoughts were aired; that despite the various ploys and gambits necessary to catch the

editor's eye, getting into print is a necessary achievement and one which is rewarding and pleasantly habit forming. Quantity *per se* is not important in terms of numbers of publications: in this respect psychiatrists are still fortunate. Collaboration with colleagues or professionals from other disciplines can help generate energy and momentum, and also lighten the load. It obviously helps to pick a collaborator who excels in an area of personal weakness, e.g. statistics! The final message was "be bold and start now, if you have not already started".

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#### References

- FOOTRING, R. (1990) The nuts and bolts of writing papers. *Psychiatric Bulletin*. Six articles: 14, 63; 14, 83–86; 14, 189; 14, 255–256; 14, 319–320; 14, 381–382.

#### *A museum of psychiatry*

DEAR SIRS

Among psychiatrists, nurses and others who work in the fields of mental illness and handicap there is concern to ensure the preservation of historical material as the large psychiatric hospitals disappear. At York an archivist has been appointed. The Royal Earlswood Hospital had a museum on mental handicap. Stanley Royd Hospital, Wakefield, has the Stephen G. Beaumont Museum, opened in 1975. As hospitals are closed records, archives and artefacts of value in psychiatric education, in epidemiological, in epidemiological studies, and of general public interest could be lost.

The College is in a strong position to take a lead on this issue. Historical material preserved in psychiatric hands would be better understood, classified and displayed than if in local authority archives. Has the College considered the establishment of a museum of its own for which material could be invited and, if agreed to be of value, donated? Funding could be raised by contributions from members, appeals and sponsorship. The public could be admitted on paying a charge. The College might follow the example of specialised and award-winning museums which already exist.

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#### Reply

DEAR SIRS

I am grateful to Dr Spencer for raising what has seemed to many, an excellent idea. In 1984, the then President convened a meeting of interested parties to look into the question of a psychiatric museum.

As a result of these and further deliberations, the following points can be made.

- (a) The College has no available accommodation at its present site.
- (b) Revenue implications could not be highly prioritised by the College.
- (c) The College should support the principle of local museums where disparate exhibits, such as artefacts and medical records, might be displayed without decontextualisation.

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### *Locum consultant experience*

DEAR SIRs

My first locum consultant job was in the second year of my senior registrar training. It was out of financial necessity that I reluctantly worked during my annual leave. I have since done regular short-term locum consultant jobs, first as a senior registrar, now as a consultant, at least once a year. I would like to share some of the positive aspects of taking up a locum post, more specifically with senior registrars in the third and fourth year of training.

Leaving aside the financial reason, usually the main factor in taking such an appointment, there are other advantages. It gives an opportunity to have responsibility on a short-term basis. It is a testing time and one's strengths and weaknesses become apparent. It provides self-evaluation and insight to further training needs. It provides an opportunity to study and work in other services, to use personal resources to adjust to new rules, professionals, patients and managers and to study the quality of different consultant jobs. It also boosts confidence, self-reliance and belief in one's ability, and helps to acquire the necessary refinement before taking up a permanent consultant post.

It is important to take the job seriously, give one's best and make sure one enjoys it. There is less stress over services worries and one can leave a mark with new suggestions, thoughts and enthusiasm.

The job can be taken as a break, a chance to see a different part of the country, to make new acquaintances among fellow professionals and colleagues. Evenings can be long away from one's friends but gives a chance to catch up on light reading and reflection on present and future life. It is also an opportunity before taking one's ultimate appointment to polish the curriculum vitae which you need to submit for locum jobs. I would wholeheartedly recommend senior registrars in their third and fourth year to try at least one or two jobs for two to three weeks duration before they finally take up a consultant post. They will find it a very rewarding experience.

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### *The use of car telephones by psychiatrists*

DEAR SIRs

Will there be more accidents on the road if psychiatrists have telephones in their cars? (*Psychiatric Bulletin*, 1992, 16, 756-757)?

In a previous post on duty for an adolescent unit I carried a mobile phone. On those occasions when I was called while driving (which was often) I learnt how important it was to pull in before answering. Some of the most hazardous driving I have seen is by BMW drivers on the phone. Will I now also have to watch out for Volvo drivers?

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