the receiving hospital. It should be borne in mind that this concern must be appropriate to each individual defendant and not merely because he happens to be in custody (which is not necessarily related to the gravity of the offence). In the case we described the person was admitted to the acute admissions (open) ward and although the question of security was raised by the Home Office it did not become a particular issue. A review of the prisoners transferred from our local remand prison under the provisions of Section 48, Mental Health Act in the last six months reveals that most, but not all, went to some form of locked facility. However, over half (12/21) were admitted to the intensive care ward rather than the Regional Secure Unit or a Special Hospital. Nonetheless, it is recognised that most defendants will require some degree of security, at least in the early phase of their admission. As Dr Smith and her colleagues point out (Smith *et al*, 1992) Regional Secure Units (and, I would add, other admission facilities) should be resourced to a level that allows them to operate just below full capacity and thus have the reserve to accept, at short notice, section 48 admissions that by definition require urgent treatment.

TIM EXWORTHY

United Medical and Dental Schools
Guy's Hospital
London SE1 9RT

Reference

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The profession of adult psychotherapist in the NHS

DEAR SIRS

I am a clinical nurse specialist in liaison psychiatry, currently doing psychotherapy training at the Tavistock.

I was delighted to read Dr Temples' article (*Psychiatric Bulletin*, February 1992, **16**, 116–119) concerning the development of a new profession of trained lay psychotherapists.

As the paper points out, there is an increase in demand for psychotherapy within the NHS. A new profession with a recognised training and career structure is vitally important to ensure that sufficient treatment resources are available to meet the demands. Trained lay psychotherapists would complement work done by people in the core professions who specialise or have an interest in psychotherapy but do not necessarily have a formal training.

The article outlined a strong argument for a new profession along the lines already established in child psychotherapy. It also recognised there would be possible recruits from nursing for the new profession. A list of core professions were suggested that might constitute a working party to take the matter further but I was disappointed to find that nursing was not included. This seems ironic as nursing is by far the biggest core profession involved in psychiatry. I wondered what logic was employed when drawing up the list or whether unconscious processes were at work.

MARCUS EVANS

King's College Hospital
Denmark Hill
London SE5 9RS

Junior publications in 'The British Journal of Psychiatry'

DEAR SIRS

A publication record can be an important determinant of career success for junior doctors (*Psychiatric Bulletin*, 1991, **15**, 478–480). But how does one publish in a major journal while in an everyday, regular clinical post? To identify the factors contributing to successful authorship I have reviewed three years publications (1989 to 1991) in the *British Journal of Psychiatry* and present data on those whose authors include British and Irish junior doctors not in identified research or academic posts. It is hoped lessons can be drawn from this study of previous success.

'Major' papers (papers, annotations, reviews etc). Of 619 major papers within the study period, 92 (14.9%) include a junior doctor as an author. The average number of co-authors in addition to the index junior was 2.4.

In 50 papers (54%) one or more university academics were co-authors. Only 14 (15.2%) had neither an academic nor a consultant as a co-author.

Of the juniors publishing major papers, 60% were senior registrars – the others were in lower training grades.

Of these papers, 5% were case reports/case conferences and 8% review articles. The other study designs divided approximately equally between retrospective, prospective and cross-sectional studies.

Brief reports. Of 211 brief reports over the same three year period, 73 (34.6%) had a junior author. The average number of co-authors of the index junior was 1.2. In 21 (28.8%) brief reports the co-authors include at least one academic.

Of the juniors, 41% were senior registrars and the others were in lower grades.

Of the study designs, 83.5% were of a case report and literature review nature.

Sole authors. Publications of which the junior doctor was the sole author were 18 brief reports and nine papers. Four of the nine papers were reviews.