

The inappropriate question syndrome

DEAR SIRS

We describe a syndrome whose features will be recognised easily by most psychiatrists attending College meetings. It is of importance because of the amount of time that this syndrome wastes, and the annoyance it causes.

History

Although no explicit descriptions of this syndrome exist, it is probable that inappropriate questions have existed for many years. The term *langweiligedumfrage* is said to be in use by the German school of psychiatry (sometimes attributed to Kraepelin), while the French refer to *Bouffee Questionante*. The syndrome escaped inclusion in DSM-III-R, but it is likely that the *Post-Presentation Extended Interrogative Disorder* will be defined in DSM-IV (provided its vociferous exponents allow sufficient time for its discussion).

Clinical description

The setting of this syndrome is most commonly College meetings after the presentation of a paper. The question bears little or no relevance to the presentation just made, and usually takes the form of an address, lasting several minutes. The content of the question is variable, usually referring to a questioner's previous work, often mentioning eminent people or places of distinction. Operational criteria are proposed by the authors (see Table I).

This type of question causes a blank look to appear on the face of the presenter of the paper, and the audience to become restless. Frequently the question expands to fill the whole time available for questions for that presentation.

Unusually in psychiatry, the syndrome seems to strike more males than females, and there is a suggestion that its prevalence increases with age (and is rare below consultant grade). There does seem to be an association with narcissistic, histrionic and antisocial personality types. From a psychodynamic perspective, the ego is engaged before the intellect. Transcultural aspects may be important, with the threshold for inappropriateness set at a different level in North American and other ethnic groups.

Management

Management is a difficult topic. The questioner may respond to counselling in mild cases, and this can be reinforced by video feedback. Assertiveness training should be offered to people chairing College meetings. Prophylactic measures may be required, with the Chair overtly ignoring people with the syndrome. In extreme cases, amputation from the College mailing list may be required.

Discussion

We have presented a common and distressing syndrome which afflicts a few but which causes suffering to many others. Validation of the definition of the syndrome is required before prevalence studies and treatment trials are undertaken. Methods of primary prevention, such as education, should be considered. In the era of the White Paper, the use of our diagnostic criteria may facilitate audit of question time at College meetings.

P. MADELEY
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TABLE I
Diagnostic criteria for Inappropriate Question Syndrome

- | |
|---|
| (a) Little relevance to the presentation;
OR
Question takes the form of a statement (pseudoquestion). |
| (b) Question takes one minute or longer to articulate |
| (c) At least one statement similar in content to the following:
"I have two/three/nine brief points to make . . ."
"I wonder if the speaker could comment on a study I did . . ."
"When I was working with Prof . . ."
"I recently reviewed the literature on . . ."
"I did a study ten years ago which . . ." |

The College Hierarchy Agenda Organisation Scale (CHAOS)

DEAR SIRS

This scale is to be used by College staff when receiving agenda items for all College Committees and Working Groups. Agenda items are only to be placed on a Committee Agenda if they score over 20 on this scale. The higher the total score, the further up the Agenda the item should appear. No items with a total score less than 30 should arise before lunch.

- | | Score |
|--|-------|
| (1) Does this matter mean College representatives can meet: | |
| DHSS representatives () | 2 |
| The Minister of Health () | 5 |
| The Prince of Wales () | 10 |
| The Prime Minister () | 20 |
| (2) Does this matter mean College representatives can visit: | |
| USA () | 5 |
| The Greek Islands () | 5 |
| Chad () | -5 |
| Scotland () | -10 |

- (3) Will this issue:
- Allow the Chairman to speak for ten minutes without interruption () 5
 - Allow a Committee Member to reply for ten minutes without interruption () -5
 - Lead to extensive discussion () -10
 - Engender universal agreement () 10
- (4) Can this matter be:
- Subsumed to another agenda item () 5
 - Referred to another committee () 10
 - Spoken to by an elective mute () 10
 - Seized on by the Press () -10
- (5) Does this matter concern:
- The public's alcohol consumption () 10
 - Doctors' alcohol consumption () 5
 - Psychiatrists' alcohol consumption () -5
 - College profits from brewery shares () -10
- (6) This is an issue which is understood by:
- The Chairman () 5
 - The Secretary () 10
 - All Committee Members () -5
 - The College Membership () -10
- (7) This issue might give rise to:
- A Special Interest Group () -10
 - A new Section () -20
 - The resignation of a member of College staff () -30
 - An organisation without College responsibility for funding () 20

- (8) Does this matter offend:
- Psychologists () 10
 - Social workers () 5
 - The Prince of Wales () -5
 - College staff () -10
- TOTAL SCORE:

*(This document has been reprinted without the authority of any College Committee or Section!)

ALLIUM PORRUM

Psychiatry in bookshops

DEAR SIRS

There is current debate about the position of psychiatry in the 1990s. Within the profession there seems to be a consensus that psychiatry is a medical subspeciality. But what do the general public think?

A well-known Bristol academic bookshop may have the answer. Their psychiatry section is not to be found between pathology and radiology but appears separately, next to Alternative medicine.

Presumably customers find this arrangement more suitable.

I wonder what the situation is like nationally?

DARRYL WATTS

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On-call system for child psychiatry

DEAR SIRS

Since writing the article on the state of liaison in psychiatry (*Psychiatric Bulletin*, June 1990, 14, 322) it has been brought to my attention that an extensive on-call system exists for child psychiatry in Bloomsbury.

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