A straw poll among child and adolescent psychiatrists suggested that child psychiatrists are not. As the prescribing of the controlled drug methylphenidate for hyperactivity becomes more common and the summer holiday period approaches, it seemed timely to seek clarification. A telephone call to the Drugs Branch of the Home Office (at 50 Queen Anne's Gate, London SW1H 9AT, telephone 0171 273 3806) yielded the following information.

Controlled drugs may be taken out of the country (exported) and any unused portion re-imported, without hindrance by HM Customs provided that certain documentation is carried. This documentation varies with the total quantity of drug involved. For methylphenidate the cut-off quantity is 900 mg, which I note is equivalent to 15 days' supply at maximum *British National Formulary* dosage.

Below this quantity patients should carry a letter from the prescribing doctor confirming they have been prescribed the medication and the quantity they will be carrying. Above this quantity patients are required to obtain a licence to export. This requires that the prescribing doctor writes, on the patient's behalf, to the Home Office stating the full name and address of the patient, the country they intend to visit, with departure and return dates, the name of the drug, its form and strength (e.g. methylphenidate, tablets, 5 mg) and the total quantity in words and figures that they will be exporting.

The Home Office generally requires at least a week's notice to issue the licence. Patients should also be made aware that this documentation allows only for the export and re-import of the controlled drug from and to the UK. The regulations regarding importing to destination countries vary and it is the responsibility of the traveller, not the Home Office or the prescribing doctor, to check with the embassy of the destination country. The Home Office Drugs Branch may, however, be aware of particular problems and be able to offer up-to-date information regarding these.

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Psychiatric disorders in rural communities

Sir: We read with interest the editorial by Gregoire & Thornicroft (*Psychiatric Bulletin*, May 1998, **22**, 273–277) and the paper by Smith & Ramana in the same issue (*Psychiatric Bulletin*, May 1998, **22**, 280–284) concerning psychiatric disorders in rural communities. We were, however, both perplexed and frustrated that two articles so obviously concerned with mental ill health were entitled "Rural mental health" and "Mental health in rural areas . . .", respectively. The use of euphemisms for mental illness appears to be a growth area in the psychiatric literature. "Mental health morbidity", the opening words of Smith & Ramana's abstract, is a good example of the kind of self-contradictory phraseology that can result. Gregoire & Thornicroft do not demonstrate any similar reticence in the use of the term "physical disease". This is perhaps not surprising given that the characterisation of such as "physical health morbidity" would not only be unwieldy, but self evidently perverse. Similarly, the fact that there is a high incidence of psychiatric illness and suicide in male farmers is not, we would argue, best conceptualised as a 'mental health problem' any more than a cardiac arrest is most appropriately described as a 'physical health problem'.

We suggest that we would be better served as a profession by having the courage of our convictions and being explicit with our patients in identifying significant 'mental health problems' for what they are – psychiatric illnesses (Roth & Kroll, 1986). To do otherwise is to invite conceptual muddle for the sake of a misguided psychiatric political correctness.

ROTH, M. & KROLL, J (1986) *The Reality of Mental Illness*. Cambridge: Cambridge University Press.

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'Absconsion'

Sir: I first came across the word 'absconsion' about 12 years ago, when a colleague spoke of a patient as presenting a significant risk of 'absconsion'. Since then I have come to find that many mental health workers, especially in the forensic side of our work, believe that the word actually exists in the language.

But of course it does not. Abscond, absconder, absconded, absconding – yes; absconsion – no.

Fortunately, the English language is sufficiently flexible to take on new words. 'Absconsion' is so useful that we might as well officially adopt it.

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