Royal College. However, it was decided that the Psychotherapy Section could best serve the interests on both sides of the border by alternating the venues North and South and by holding residential meetings to attract members from the more distant areas.

Dr Anne Jackson of St Brigid's Hospital, Ardee (in the South) was elected as Secretary and the writer (from the North) as Chairperson. It is hoped that this revival of the Psychotherapy Section in Ireland will initiate renewed interest and activity from the general psychiatrists.

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Alcohol history-taking

DEAR SIRS

We wish to report the inadequacy of recorded drinking histories in patients admitted to a psychiatric hospital. Cefn Coed Hospital in a general psychiatric hospital providing services to the county of West Glamorgan with a catchment population of 360,000. We performed a retrospective case-note study of 120 consecutive new admissions to the hospital.

In the study, the ICD-9 diagnoses were noted. Each set of notes was examined to test the adequacy of the drinking history recorded. They were then classified using the following system:

(a) no mention
(b) qualitative assessment, for example, "social drinker"
(c) quantitative assessment, for example, "10 pints of beer a week".

The drinking history may have been recorded more than once, for example, on admission by the duty doctor and again by the ward doctor during the patient's stay in hospital. It was noted whether the CAGE questionnaire (Mayfield *et al*, 1974) was recorded and if the drinking history was taken by a psychiatric trainee or a GP SHO in psychiatry.

There were 139 histories on 120 patients as some had more than one history recorded during admission. The case-notes were completed by 12 GP SHOs and five psychiatric trainees. Two consultant psychiatrists recorded a quantitative history in five patients with an alcohol related diagnosis. Excluding these five we were left with 134 histories.

A quantitative history was obtained in 57 (43%), qualitative history in 35 (26%) and no history in 42 (31%). There were no significant differences between the type of drinking history recorded and the age, marital status or religion of the patients. Eighty per cent of patients with a diagnosis of alcohol dependence or abuse had a quantitative history recorded compared to 43% of those with a non-alcohol related diagnosis. Fifty-four per cent of GP SHOs recorded a quantitative history compared to 25% of psychiatric trainees. Only once was the CAGE questionnaire recorded. This was in a 41-year-old man with a diagnosis of neurotic depression and it was recorded by a GP SHO.

The GP SHOs failed to record a drinking history in 25% of cases studied whereas the psychiatric trainees failed to record the drinking history in 45% of cases. This compares unfavourably with the psychiatric trainees in a London teaching hospital (Farrell & David, 1988) who failed to record drinking histories in 21% of cases. Seventy-eight per cent of histories taken by the Cefn Coed psychiatric trainees failed to contain a quantitative assessment compared to 47% of histories taken by GP SHOs. We suggest these findings indicate differing attitudes to alcohol dependence and abuse in our small sample of non-teaching hospital junior psychiatric doctors. This may reflect a more open and less judgmental approach by doctors who have opted for a career in general practice.

From our sample, 20% of admissions had a diagnosis of alcohol dependence or abuse. This group is well recognised as requiring a significant and important clinical commitment and as such, doctors should retain a high index of suspicion. Drinking histories should always be quantified. Routine use of the CAGE questionnaire as a simple screening procedure can act as an *aide-memoire* for more detailed history taking. We suggest that further research is required to assess the effect of junior doctors' attitudes to drinking on their alcohol history taking.

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Competition between pre-senior registrars

DEAR SIRS

I share Dr Double's concerns about the current position of pre-senior registrars (*Psychiatric Bulletin*, December 1990, **14**, 743). The present bottleneck between registrar and senior registrar grade means