

References

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WARD ROUNDS

DEAR SIR,

Two recent accounts (1), (2), of the harrowing experience of being interviewed at a psychiatric ward round, together with Post's claim 'there is really no need nowadays to ask the patient's permission to appear at a ward conference' (3), have prompted me to respond to Dr Baxter's request for descriptions of alternatives (4).

Not having space for a general analysis of ward round functions, real and symbolic, I list only those activities which might appear to demand patients' attendance:

- (a) Eliciting further details of life histories and current crises.
- (b) Observation of behaviour.
- (c) Listening to the patients' descriptions of their experience of their situation.
- (d) The demonstration of interviewing skills (I will not consider this further, as these surely are more realistically taught to the student allowed to sit in on private interviews).
- (e) Learning patients' opinions of their present treatment and wishes concerning future help.
- (f) Informing patients of the treatment team's opinions and decisions.

Street is both an acute admission ward and an active member of the Association of Therapeutic Communities. A daily Community Meeting is attended by all residents and staff present, followed, of course, by a staff review. Such a regular gathering, unlike a weekly ward round, soon becomes a familiar and reasonably comfortable event for most participants, so allowing feelings of trust to develop (cf. (1) and (2)). Like a case conference, it allows all the members of the treatment team to observe identical samples of behaviour, but in a richer context of interpersonal life. To an experienced observer a Community Meeting is an extraordinarily rich source of relevant clinical information.

Once a week there is the combined ward round attended by all staff, but not by patients. The latter, however, will be familiar to most of the team through individual, group and community encounters. Activities a, b and c, therefore, do not need to take place within the ward round. The round can be

devoted to consideration of psychiatric, social and other 'histories' against an existing knowledge of the patient, and to decision making.

We try to cover items (e) and (f) with two additional meetings. The first is attended by residents and some staff, one of the latter acting as 'chairman'. This meeting is used to discuss such matters as patients' opinions of treatment so far and readiness for discharge. The Chairman will record these views for the following day's ward round, and relay the team's advice back to the residents afterwards.

I am aware that our attempts to restore people's right to have a say in their own fate without '... adding to the discomfiture of a person who is probably distressed already' (1) are far from perfect. However, like the nurses treating 'An Ex-Patient', I would not like to be cross-examined at a ward round, and I can see no significant loss in our so sparing those who come to us for help.

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- (2) 'PROFESSIONAL WOMAN' (1978) Personal view. *British Medical Journal*, **ii**, 50.
- (3) POST, F. (1978) Then and now. *British Journal of Psychiatry*, **133**, 83-6.
- (4) BAXTER, S. (1978) *British Journal of Psychiatry*, **132**, 526.

ALCOHOL WITHDRAWAL

DEAR SIR,

I would like to draw attention to some of the problems inherent in the recent hypothesis on 'Kindling as a model for alcohol withdrawal syndromes' by J. C. Ballenger and R. M. Post (*Journal*, July 1978, **133**, 1-14).

A positive correlation was shown between severity of withdrawal symptoms and duration of alcohol abuse, and the authors went on to suggest an underlying change in neuronal excitability to account for this. Their findings are only in partial agreement with evidence from other investigators, since, as they indicated, recent studies have found the severity of withdrawal symptoms to correlate with the 'seriousness' of drinking and with pre-admission drinking patterns, rather than with duration of abuse (Mello, 1972; Whitwell, 1975).

Variables, such as pre-withdrawal drinking pattern, must be carefully controlled in any study aiming to detect changes in the severity of alcohol withdrawal