

regular venepuncture (initially weekly) was usefully highlighted recently by Ball & Lipsedge (*Psychiatric Bulletin*, 1991, 15, 645–646). Undoubtedly, with the increase in the use of clozapine or clozapine-like drugs in the management of schizophrenic illness that is anticipated, it will be useful to look further at why patients who are able to consent will not do so because of the need for blood screening. Just how much of a problem for management such non-compliance will be remains to be seen.

With the advent of early clinical trials testing clozapine analogues we will be allowed a chance to address more systematically the complex problem of consent to this form of treatment in the schizophrenic population generally. In an ongoing early clinical trial of a clozapine analogue for acute or chronic schizophrenia with acute exacerbation (in a non-treatment refractory group) I have ascertained why all eligible patients screened for the trial were not willing to consent. Out of 66 eligible patients, 10 (15%) gave as the only reason for non-consent the requirement of weekly venepuncture, 43 (65%) otherwise eligible patients were not willing to consent in total. On the basis of these results, recruitment to the trial would have been increased by nearly 50% if the venepuncture requirement could have been removed, or alternatively and more realistically, if the reasons for dislike or fear of venepuncture could have been overcome. Of course, this assumes that the reason given for non-consent as 'only venepuncture' is valid and not a function of other trial-related factors.

With further study we may be able to develop our understanding of patients' subjective appraisal of necessary procedures such as venepuncture in the treatment of psychotic illness so that, at least for a subgroup of non-consenters, we may be able to facilitate change from a position of non-consent to one of consent.

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The meaning of 'psychosis'

DEAR SIRs

If we interpret the study by Ramell (*Psychiatric Bulletin*, 15, 779–780) correctly, he (or she) concludes that because one third of mental health care professionals understand the word 'psychosis' to mean something outside the ICD-9 definition, its use should be abandoned. This would seem as absurd to us as the abandonment of the word 'schizophrenia' simply because this word is misused by, for example, the media (*Psychiatric Bulletin*, 15, 795).

In current usage, the word 'psychosis' has a precise and definite meaning; rather than advocate its abandonment we should avoid its abuse and challenge those in our and other professions who use the word loosely to cover any behaviour which seems to them incomprehensible.

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