

Another Munchausen?

DEAR SIRs

I believe this account merits being widely known because further admissions seem likely with psychiatrists being involved.

A 21-year-old man presented in casualty saying he had taken 10 paracetamol tablets, 45 phenytoin tablets, a lot of alcohol and had injected an unknown substance. On admission to a medical ward he added that he had swallowed two razor blades and four nails. Radiography showed this to be so. Shortly afterwards he swallowed a ward thermometer which was shown to be broken and the mercury spilled at re-X-ray. During the night he claimed to hear voices instructing him, was noisy, abusive, uncooperative and assaulted a female nurse. A psychiatric opinion the next morning resulted in compulsory admission to the mental illness unit under Section 2 of the Mental Health Act.

He explained a fresh upper midline abdominal scar as resulting from a pyloroplasty for a bleeding ulcer and the phenytoin for lifelong epilepsy. The distressed state, which he said caused the ingestion of drugs and hardware, resulted he alleged from his girl friend leaving him, his mother being seriously ill with a heart attack and the recent death of his father. This history could not be verified because the addresses he gave for relatives proved false and his family doctor whose name and Scottish address he gave could not be found. He refused to disclose the hospital where the surgery had been done.

Following admission to the mental illness unit mood and behaviour rapidly became normal. The razor blades, nails and thermometer glass passed per rectum as the surgical opinion had anticipated. The surgical team thought the upper midline scar may have resulted from exploratory surgery to treat a previous episode of swallowing sharp objects. The Poisons Unit advised the mercury would not cause harm. After three days the Section 2 was cancelled and the man discharged with plans to leave Southampton. He refused out-patient treatment.

This account suggests fabrication and the likelihood of further hospital attendance with similar conduct.

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Academic sub departments – the way ahead for peripheral centres

DEAR SIRs

19 October 1990 marked the opening by our College President, Professor A. Sims, of an Academic Sub Department of Psychological Medicine (University

of Wales College of Medicine, Cardiff) based at the North Wales Hospital, Denbigh, Clwyd under the Director, Dr Greg Wilkinson and Deputy Director, Dr David Healy.

The development owes much to the vision of Professor Peter McGuffin, Department of Psychological Medicine, Cardiff and to the energy and commitment of Dr M. M. Tannahill, consultant psychiatrist, North Wales Hospital, whose tireless work played no small part in ensuring its success.

It is perhaps worthwhile remembering the multi-functional purpose of such a unit and the benefits (already much in evidence at the North Wales Hospital) that it bestows – in maintaining academic standards, providing a focus for clinical audit, facilitating research, stimulating reading and debate and upholding the library and literature search facilities, enhancing teaching and a continuing postgraduate educational programme, ensuring the probability of College accreditation of training posts, providing a suitable centre for the MRCPsych examination, attracting eminent visiting speakers from throughout the UK and ultimately enhancing recruitment of staff to training and service posts.

Moreover, this sub department is not only the embodiment of academic life but provides an ethos that pervades and rejuvenates the whole local establishment, thus ensuring its continuation as a centre of excellence.

Perhaps this is a model which is worthy of replication in settings where falling standards and subsequent staff shortages could be pre-empted.

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(see also *Psychiatric Bulletin*, January 1990, 15, 31–32).

General practice liaison

DEAR SIRs

In their engaging study of contacts between GPs and psychiatrists in Nottingham surgeries (*Psychiatric Bulletin*, October 1990, 14, 592–594), Darling & Tyrer note that psychiatrists were initiating a higher proportion of the shorter contacts (lasting less than five minutes). They imply that this observation somehow runs counter to the suggestion (wrongly attributed to Wilson & Wilson, 1985) that such contacts are less attractive to psychiatrists.

Clearly the duration of a contact can be determined only by the person who terminates it. There remains a possibility that the initiating psychiatrists would have preferred longer contacts. This point can easily be clarified, since the psychiatrists in question