

advance copies of 'The nuts and bolts of writing papers' by Ralph Footring (1990) and asked to bring their particular difficulties in this area to the meeting.

Professor Murphy opened with a practical address which aimed at giving insight into the sort of material which editors like to receive. High on her own list are original innovative ideas, and provocative or challenging comments. Low on her list would be "yet another account of yet another day hospital service". She warned that the gestation period from submission to publication in some of the better known journals can be up to two years. However she pointed out that the *British Medical Journal* usefully rejects or accepts material after a few short weeks. Professor Murphy suggested that we might submit material to 'lesser' journals such as small specialist publications, or journals for other professionals such as nurses. Some of the free publications for general practitioners are grateful to receive specialist articles about psychiatry. She further suggested that direct contact with the editors of journals might be fruitful, and could lead to one being commissioned to write an article, for which in some cases payment might be offered.

The senior registrars were then divided into small group sessions, each chaired by one of the expert panellists. When the meeting re-convened, a spokesperson from each group summed up their deliberations. These are some of the points made.

An article is unlikely to be accepted if it is not presented in the format of the journal concerned. This is not just to flatter the vanity of the editor, but reduces his work and makes him much more kindly disposed to such an article.

Most drafts of articles can be shortened and a critical friend should be enlisted with a red pen.

The guidance of an expert mentor is well worth seeking, who may save much work by steering both the direction of research and its final writing up in the most productive direction.

Concerning statistics, it is much better to seek the help of a statistician early, rather than to enlist such help at a late stage when major flaws may be irrevocable.

Submissions to the letters section of journals is useful and again a quick entrée to print. (On this point, if one's article or letter is itself the subject of overtly critical correspondence, it was suggested that this should be responded to in grateful terms, e.g. "it was kind of Professor X to take the trouble to respond to my article, and his comments have been most helpful – "whereupon one can set about vigorously refuting the detractor's comments).

In the general discussion which concluded this meeting, several thoughts were aired; that despite the various ploys and gambits necessary to catch the

editor's eye, getting into print is a necessary achievement and one which is rewarding and pleasantly habit forming. Quantity *per se* is not important in terms of numbers of publications: in this respect psychiatrists are still fortunate. Collaboration with colleagues or professionals from other disciplines can help generate energy and momentum, and also lighten the load. It obviously helps to pick a collaborator who excels in an area of personal weakness, e.g. statistics! The final message was "be bold and start now, if you have not already started".

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#### References

- FOOTRING, R. (1990) The nuts and bolts of writing papers. *Psychiatric Bulletin*. Six articles: 14, 63; 14, 83–86; 14, 189; 14, 255–256; 14, 319–320; 14, 381–382.

#### *A museum of psychiatry*

DEAR SIRS

Among psychiatrists, nurses and others who work in the fields of mental illness and handicap there is concern to ensure the preservation of historical material as the large psychiatric hospitals disappear. At York an archivist has been appointed. The Royal Earlswood Hospital had a museum on mental handicap. Stanley Royd Hospital, Wakefield, has the Stephen G. Beaumont Museum, opened in 1975. As hospitals are closed records, archives and artefacts of value in psychiatric education, in epidemiological, in epidemiological studies, and of general public interest could be lost.

The College is in a strong position to take a lead on this issue. Historical material preserved in psychiatric hands would be better understood, classified and displayed than if in local authority archives. Has the College considered the establishment of a museum of its own for which material could be invited and, if agreed to be of value, donated? Funding could be raised by contributions from members, appeals and sponsorship. The public could be admitted on paying a charge. The College might follow the example of specialised and award-winning museums which already exist.

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#### Reply

DEAR SIRS

I am grateful to Dr Spencer for raising what has seemed to many, an excellent idea. In 1984, the then President convened a meeting of interested parties to look into the question of a psychiatric museum.