In this issue we have 5 articles on various aspects of psychosis. Psychosis is defined as (1) a cerebral dysfunction, (2) resulting in abnormal behavioural symptoms, (3) the patient has gross impairment of reality testing and (4) there is loss of insight. Common symptoms of psychosis include hallucination, delusion, and acute emotional upset. It can be broadly categorised into (1) organic psychosis in which there is evident pathology of the brain as detected by traditional examination and investigation. Examples include drug and alcoholic intoxication, epilepsy, and late stage Alzheimer’s disease, and (2) functional psychosis in which there are no obvious pathological changes. Examples are schizophrenia and bipolar disorder. Treatment of psychotic patients forms a great part of the work of psychiatrists, and poses a very heavy burden on hospitals and social personnel and facilities. Recent studies have drawn attention to the mechanism of development of the psychotic brain, and to the importance of early detection and treatment of the condition. It is therefore appropriate for all doctors to have some information about current advances and insight into the illness.

Every now and then, perhaps several times in a year, we come across local news reports of gruesome incidents of violence committed by psychiatric patients. These include murder or serious bodily harm to close relatives or innocent people, or self injury, sometimes in the most grotesque, bizarre and unimaginable manner. The greatest majority of incidents committed by psychiatric patients are carried out by patients with psychosis. Following an incident, there are usually sensational reports in the media, followed by public outcry. All would then die to await the next incident not too distant in the future. Is this an inevitable path? Even our leaders in the local Health Service had come out to say that such incidents are bound to occur, and there is not a lot that can be done.

However, such an attitude of defeatism is not justified. In Hong Kong we have first class psychiatrists, and well trained paramedical personnel such as community psychiatric nurses and social workers. We have efficacious drugs at our disposal, we also have the hard ware such as clinics and hospitals, but we do not have the will power and the service system in place to tackle this very pressing issue. There is no doubt that the public psychiatric service is grossly overloaded. However there are ways to alleviate the situation. Firstly there are many patients with minor complaints such as mild anxiety who do not need to be kept under the specialist Psychiatrist. Secondly better utilisation should be made of spare capacities of the well trained and vast experience of specialist psychiatrists in the private sector. Recently the Hospital Authority allows specialist psychiatrists who have left the service to take up part time employment. This is certainly a step in the right direction. With some relief of the work load, greater efforts can be directed specifically and intensively to the group of patients at high risk of violence or suicide, and the occurrence of such can be reduced to a minimum. This is something that can be done, and must be done as an urgency.

In preparing this issue of the Medical Diary, I am most indebted to the advice and assistance of Professor Eric YH Chen, and to the coordination of Dr. Sherry KW Chan of the Dept. of Psychiatry, The University of Hong Kong.