13.	Do you get downhearted if people don't appreciate you enough?	Yes
14.	Are there events in your life which you should be able to remember but can't?	Buffer
15.	Do you have periods of feeling irritable when you don't want to see anyone?	Yes
16.	Can you relax and take it easy when you have time to do so?	No
17.	Are you quick in making decisions?	Buffer
18.	Do you sometimes wake in the night and, through worrying, have difficulty in going back to sleep?	Yes
19.	Do you make friends easily?	Buffer
20.	Have you ever had a sudden sense of dread and danger for no reason?	Yes

This questionnaire was used in the Rotherham 1966 and 1967 multiple health screening clinics. In these clinics 4319 people were screened for mental health and 97.4 per cent of 'cases' were positively identified. In a general practice screening clinic in 1969, 961 people were screened and the resulting accuracy of positive findings was 94 per cent. These results are comparable to those of Benjamin *et al*, and it can be seen that many of the items in the 2 short questionnaires have a very similar content. This latest paper therefore confirms our earlier view that it is possible effectively to screen for mental illness using a short, unembarrassing questionnaire.

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TRILINGUALISM

DEAR SIR,

The review on bilingualism by G. W. Hughes (*Journal*, July 1981, **139**, 25–8) and the letter by E. Zapata (*Journal*, November 1981, **139**, 472) could be enlarged by an observation regarding 'trilingualism' made years ago. At the time, when schizophrenics received routinely a series of 20 ECTs, the highly educated female in her 40s stopped speaking English after 8 or 10 treatments and spoke German, which those around her did not understand. She had immigrated to the United States from Germany. After several more ECTs she began to speak what was first diagnosed as 'word salad'. It was later identified as Russian, and we were told by the patient's husband that she had grown up in Russia from where she moved to Germany and got married. She spoke German without an accent.

What makes this case interesting for interpretation of loss and return of languages is the fact that after ECT had been terminated, the languages returned in reverse order. Four or five days after the last treatment the patient changed from Russian to German and then a few days later started to speak English as fluently as she had done in the beginning of her ECT.

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SENDING SCHIZOPHRENICS TO UNIVERSITY

DEAR SIR,

Dr Crammer (*Journal*, February 1982, **140**, 208) is surely correct to insist that many treated psychotic students are fit to return to their studies after recovery, with or without continued medication; but Dr Dann is right to point out that psychiatrists often recommend return inappropriately or too early, with resultant relapses or academic failure.

Going to university is a major psychosocial transition into an environment that is high on demand and low on support. In my experience, the criterion for return should usually include the best part of a year free from psychotic symptomatology, a period in regular occupation (alas, one cannot nowadays insist on employment) and the successful completion of an academic task. Most students are happy to accept these conditions as being in their own best interests. Ideally, universities should accept such students back on the recommendation of their own medical staff, who would of course take account of the reports of treating psychiatrists; however, the ruthless cutting back of University Health Services under way in many places may make this ideal unattainable in the future.

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ERRATUM

"Plasma Growth Hormone and Prolactin Responses to Apomorphine" (Kolakowska *et al*, *Journal*, November 1981, **139**, 408-12). The second figure referred to in this paper was unaccountably omitted. Photocopies of the original are available from the editorial office of this *Journal* on request.

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