symptoms) even rarer now than in the past, and I have not seen a case for many years. But was it not the case that when such patients arrived at the casualty department, all identifying articles had usually been carefully removed?

I have never been able to satisfy myself of the genuineness of claimed psychogenic amnesia and suspect that many psychiatrists share this view, even though they might not feel as confident as Symonds in dealing with such patients. Do many psychiatrists now believe that genuine psychogenic amnesia exists, and if so, is that belief sustained by anything more than credulity?

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Physical Examinations by Psychiatric Trainees

SIR: Rigby & Oswald (*Journal*, April 1987, **150**, 533–535) draw attention to the unsatisfactory physical examinations recorded by psychiatric trainees. How much such shortcomings contribute to missed physical morbidity is uncertain.

Psychiatric trainees, and maybe their seniors, also pay scant attention to aspects of the clinical method which yield more information than physical examination. Hampton *et al* looked at the relative importance of history, examination, and investigations in making a diagnosis in medical out-patients. In 87% of patients, reading the referring letter and taking a history sufficed. Examination only made a significant contribution in 7%.

I have reviewed the case notes of 20 patients randomly selected from those admitted to this hospital in 1986. In one case an incomplete systems review of physical symptoms was recorded. The biological symptoms of depression were the only physical complaints mentioned in the other notes. In all cases a physical examination and a coherent history, from patient or relative, were recorded.

Hampton *et al* state that their findings cannot be directly applied to other settings, but it seems unlikely that physical examination could produce more information than questions about physical symptoms in the patients seen by psychiatrists. The arguments of Oswald & Rigby that all relevant data should be recorded apply equally to examination and history-taking.

It may be a council of perfection, but should not psychiatrists be encouraged to ask about and record physical symptoms? The skill of taking a medical history should be as enthusiastically preserved as that of performing a physical examination.

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Reference

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Depression, Dementia, and Disability in the Elderly

SIR: The studies of Good *et al* (*Journal*, April 1987, **150**, 463–470) and Griffiths *et al* (*Journal*, April 1987, **150**, 482–493) require some comment, since acceptance by the *Journal* may lead some readers to suppose that they represent a significant contribution to psychiatric epidemiology. Good epidemiological research is founded on well-defined samples, appropriate methods, and interesting questions; these studies are seriously inadequate in every respect.

Sampling: Both studies are based on data obtained from a sample of 200 old people registered with a group practice, so these subjects are not "community elderly" as asserted by Good *et al*. In the first place, elderly people registered with a GP are likely to be more alert and healthy than those who are not so registered (Murphy *et al*, in press). Secondly, although it is unclear just how the subjects were recruited, according to Griffiths *et al* only a proportion were randomly selected from the practice list. The remainder (we are not told how many) were enrolled into the study when they attended the health centre, which introduces a serious bias. Many elderly people with psychiatric disorders are unknown to the health services, and those that present usually do so with additional physical or behavioural problems. It is hardly surprising, therefore, that the authors should have found an association between their measures of dementia, depression, and disability. Thirdly, their subjects were all able to get to the health centre for assessment; this obstacle will have excluded many of those with moderate and severe depression or dementia as understood by psychogeriatricians. Findings based on this peculiar sample cannot be extended to the elderly population in general.