commission of armed robberies do not usually figure highly in the considerations of nursing and medical staff, and, in any case, are almost impossible to predict with any certainty.

AKINTUNDE AKINKUNMI, Consultant Forensic Psychiatrist, Camlet Lodge Regional Secure Unit, Chase Farm Hospital, Enfield EN2 8JL

R. D. Laing revisited

Sir: The article on R. D. Laing (*Psychiatric Bulletin*, July 1998, **22**. 452–456) was most interesting. Dr Beveridge states that "his last words were that he did not want a doctor to be called". Perhaps the author, speaking in Edinburgh, wished to spare the susceptibilities of the Scottish Division, or those of the *Psychiatric Bulletin* readers. Laing's last words could certainly be regarded as anti-medical. They were "Doctor, what fucking doctor." (Laing, 1994).

LAING, A. D. (1994) R. D. Laing: A Biography. London: Peter Owen.

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'Military Munchausen's': assessment of factitious claims of military service in psychiatric patients

Sir: If Martin Baggaley (*Psychiatric Bulletin*, March 1998, **22**, 153–154) (officers have five figure service numbers, other ranks eight) and Ian Palmer (*Psychiatric Bulletin*, August 1998, **22**, 521) (officers have six figure service numbers, other ranks eight) are to be believed then I can only assume that my military service was factitious – Roger Bloor, Sqn Ldr RAF (retired), service number 5201639.

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Council Report CR53 Assessment and Clinical Management of Risk of Harm to Other People



The assessment and clinical management of the risk of a psychiatric patient causing harm to another person is an integral part of psychiatric practice. These guidance notes are intended to assist clinicians by providing an aide memoire to good clinical practice. Although intended specifically for psychiatrists, this guidance may be useful to other health professionals as all members of the multidisciplinary team have a role to play in risk assessment and risk management.

CR53, £3.00, April 1996

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