

In the largest study in terms of sample size² the authors found that although a potentially reversible cause was found in only 4% of people with dementia overall, it rose to 19% when limited to people with a young-onset dementia. They also showed that concomitant conditions that were reversible, like vitamin B₁₂ deficiency and thyroid deficiency, were more frequent in patients with mild cognitive deficits than in those meeting the criteria for dementia. Although treatment of these conditions may not always lead to complete resolution of cognitive symptoms, it is important to identify any concomitant conditions in this group to prevent a misdiagnosis of dementia. The recent national dementia strategy³ has also placed a strong emphasis on specialist assessment and accurate diagnosis.

I agree that subjecting a frail older person in their 90s with a clear history of insidious onset and gradually progressive

memory loss to all the battery of investigations may be unwise, but I feel that these investigations should remain an intrinsic part of a comprehensive assessment of someone presenting with a mild cognitive impairment in their 70s or earlier.

- 1 Foy K, Okpalugo C, Leonard F. Usefulness of routine blood tests in dementia work-up [letter]. *Psychiatr Bull* 2009; **33**: 481.
- 2 Hejl A, Høgh P, Waldemar G. Potentially reversible conditions in 1000 consecutive memory clinic patients. *J Neurol Neurosurg Psychiatry* 2002; **73**: 390–4.
- 3 Department of Health. *Living Well with Dementia: A National Dementia Strategy*. Department of Health, 2009.

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CORRECTIONS

Get Through Workplace Based Assessments in Psychiatry (2nd edn) (review). *Psychiatric Bulletin* 2009; **33**: 358. The author of this book is Sree Prathap Mohana Murthy. The publishers apologise to both the author and to Dr Oakley for this error, which has been corrected in the online version in deviation from print and in accordance with this correction.

Review needs re-review (letter). *Psychiatric Bulletin* 2009; **33**: 483. This letter was published in error: the mistake described

was the publishers' own. The publishers apologise for any embarrassment caused to Dr Oakley.

The Psychiatrist cover image, vol. 34 issue 1: the following notice should have been printed: ©iStockphoto.com/Steve Cady. Used for illustrative purposes only; the person depicted is a model. The online journal has been corrected post-publication, in deviation from print and in accordance with this notice.

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Obituaries

Dr Ruth Seifert

Formerly Consultant Psychiatrist at St Bartholomew's and Hackney Hospitals



Ruth was born in North London on 20 December 1943, into a large, radical Jewish family. Her father, Sigmund, was a well-known left-wing lawyer, and her mother, Connie, a political activist. Reportedly very noisy and hospitable, the Seifert household produced four energetic siblings, Ruth's three brothers excelling in law and academe, and her sister becoming a leading head teacher.

Ruth attended Camden School for Girls and then went to

Guy's Hospital Medical School, marrying Charles Clarke, a neurologist (and Everest mountaineer), in 1971. At the time, she was a senior house officer in psychiatry at Guy's, but moved on to the Maudsley & Bethlem Royal Joint Hospital

in 1973, where she completed her postgraduate training. A major influence at the Maudsley was Dr Denis Leigh, a wise and practical physician/psychiatrist of the old school, who wore a white coat and enjoyed comprehensive clinical management and a personalised approach to managing chronic neuroses.

Ruth's stay at the Maudsley was prolonged by having her first daughter Rebecca in 1973 and her second, Naomi, in 1976. Their presence in the hospital canteen, with Ruth (as often as not Gauloise in mouth) declaiming loudly, was one of the joys of training there in the 1970s. Moving to Barts and Hackney (the in-patient psychiatric unit was based at the latter) in 1980, after initially working as a locum, Ruth took on one of the most demanding clinical posts in London.

Until her retirement in 1998, taken early because of her despair at the repetitive changes of NHS management, Ruth worked often single-handedly to provide a proper service. Hackney Hospital, with its five acute wards stacked up in 'F Block', was a Victorian infirmary workhouse, decreed as a 'rat-pit', intermittently affected by clostridial infections, and sitting on a network of tunnels and outbuildings in which patients would get lost. Never designed as a psychiatric