

the Emergency Clinics of a London teaching hospital and that of a large London private hospital with substantial NHS links.

I did not make any reference to the activity of a Professorial Department in a large London teaching hospital or that of other NHS psychiatric units.

The patient samples were collected retrospectively for one corresponding quarter of a year and the diagnoses were made by consultant psychiatrists or by psychiatric registrars in charge of the emergency clinics. For the 53 new cases seen at The Priory Hospital the corresponding figure for The Charing Cross Hospital was 155.

I had tried to convey in my letter the need to conduct a prospective study on the follow-up of these patients which would answer some of the questions posed by Dr Poole and Dr Shetty.

A recent leader in the *British Medical Journal* stated that "evidence for the efficacy of psychiatric services (both private and public) is lacking. Unfortunately, neither private nor public psychiatric hospitals issue enough useful information on recovery rates to allow direct comparisons between different settings. In their absence consumer choice depends more on impressions of the care provided than on any evaluations of outcome. Private providers market comfort, convenience, and privacy; reduced waiting times, more intensive treatment; and respect for the patient. All these are qualities that could be improved within NHS facilities" (*BMJ*, 300, 7 April 1990, p. 892).

Considering the importance of these issues there is little literature on the outcome of patients treated both in the private and public sectors. Of the studies available only two compare the public and private practice of psychiatry. Gold & Partiger (1964) in Australia reported that "there was surprisingly little difference between the two practices".

Langsley (1974) in the United States noted that his study was marked by the similarity of both demographic and clinical details of the two groups of patients, leading him to conclude that his research challenged "some of the myths about private practice".

Young & Reynolds (1980) compared clinical and demographic data of patients treated in two state psychiatric hospitals with those of patients in the psychiatric wards of two general hospitals and a private psychiatric hospital. The results were interpreted as indicating a greater morbidity of patients within the public hospitals.

A retrospective study by Goldney (1988) comparing patients in private and public psychiatric facilities showed a general similarity of diagnoses in the two groups and the figures compare very favourably with my own findings.

What is needed is a serious and objective systematic evaluation of different forms of health care and

not a number of premature and politically motivated comments, which prejudice the issue.

SAEED ISLAM

*The Priory Hospital*  
Priory Lane  
London SW15 5JJ

#### References

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#### Progress in psychiatry?

DEAR SIRS

The following example of progress in psychiatry may be of interest.

*Extract from service agreement between the Southern Derbyshire Health Authority and the Authority's mental health unit, for the provision of mental illness services (June 1990).*

"Every patient will receive a review of their care programme by medical staff. As a minimum standard this will be undertaken annually."

*Extract from the Institutions for Lunatics (Reports and Returns) Rules 1895 (S.I. 1895 No. 281).*

"13. Subsequent entries describing the course and progress of the case, and recording the medical and other treatment, with the results, shall be made in the case book for patients at the times herein-after mentioned, that is to say; once at least in every week during the first month after reception, and oftener when necessary; afterwards in recent or curable cases, once at least in every month and in chronic cases, subject to little variation, once in every three months."

Rule 10 required all entries to be made by a medical officer.

IAN G. BROOKS

*Kingsway Hospital*  
Derby DE3 3LZ

#### Talking to patients

DEAR SIRS,

As an undergraduate student our great teacher, Dr Henry Yellowlees, said the most important thing a medical student should learn is how to say good morning to a patient. It has been my privilege to meet

with a number of medical students and young doctors, and I have been impressed by their dedication, commitment, enthusiasm and desire to care, but sadly, many seem to have had little or no training in the technique of interviewing a patient or in the skills of counselling. Many medical schools use videos and "sham patients", but some appear not to do so. I have always tried to take either a medical student or a student nurse on domiciliary visits and I feel that young nurses are much better trained in establishing rapport with the patient, and am enormously impressed by their interviewing skills.

I feel that not only our nursing colleagues but social workers and clinical psychologists should be given more time to contribute to teaching these fundamental skills to medical students at the start of their clinical period. If workshops were set up just for two or three days there could be much interchange and dissemination of knowledge.

Sir Desmond Pond said, in the Maudsley Bequest Lecture in 1963 that he knew many doctors, some eminent and distinguished, who had no idea how to talk to a patient. A distinguished clinical psychologist told me that she considered a certain consultant's ward rounds to be so damaging to the patients as to be a "degrading ceremony". It is sad that, although young doctors are so keen and so good, many should be lacking in fundamental skills of counselling and interviewing.

JOHN WHITE

*St George's Hospital  
Lincoln LN1 1EF*

## *Revista Medico-Chirurgicala*

DEAR SIRS

Our periodical *Revista Medico-Chirurgicala* (Medical Surgical Journal) is published quarterly and listed in Index Medicus, Biological Abstracts, Excerpta Medica, Chemical Abstracts and other major world indexing services.

*Revista Medico-Chirurgicala* is the oldest medical journal in Romania (the first issue was in 1887) and is now received by more than 350 universities and medical institutes world-wide. We publish papers in all fields of medicine, general reviews, university news, etc.

Manuscripts of original researches from any country are welcome. The authors should follow strictly the *Uniform Requirements for Manuscripts submitted to Biomedical Journals* prepared by the International Committee of Medical Journal Editors (*British Medical Journal*, 1982, **284**, 1766-1767 and *Annals of Internal Medicine*, 1982, **96**, 766-771).

Perhaps you could envisage publishing a paper in our journal or could contact other colleagues who would be willing to submit their papers. As a member of the editorial board I should be delighted to receive your contribution.

DR TRAIAN MIHAESCU  
(in charge of scientific exchange)

*Revista Medico-Chirurgicala  
16 Independentei Boulevard  
PO Box 25  
Iasi 6600, Romania*

## The Derek Ricks Memorial Fund

Applications are invited from anyone in the field of paediatric handicap for the Derek Ricks Fellowship. It is envisaged that applicants may be writing a book, developing a piece of equipment, undertaking research, etc. or wishing to visit other centres to further their own expertise. The Fund Administrators will consider any proposal

which will ultimately benefit families directly or indirectly.

Further details are available from and applications should be sent to: The Derek Ricks Memorial Fund, Harper House Children's Service, Harper Lane, Radlett, Herts. WD7 7HU. *Closing date for formal applications: 31 December 1990.*