

blackmail (Droller, 1964) or other visitors who fail to see a problem. Each may think that he is acting alone. Delivery vans and taxis do deliver from off-licences and leaflets advertise this service. For the first time ever, I have this month been indirectly referred a problem drinker by a conscientious van driver! The patient told me in discussion "there are lots of other branches" (of the off-licence chain).

"Physiological changes of ageing make the elderly more vulnerable to alcohol": while this is true it is believed that the breakdown of ethanol by the enzyme dehydrogenase is not changed in the elderly. However the concentration of alcohol in the body is greater in the elderly, for the same dose. This is because the lipid phase increases in the elderly, consequently there is proportionally less water for the alcohol to enter. Further, the elderly alcoholic is often already light-weight. This reduced water phase is even more marked in women than men, perhaps explaining the rapidity of decline often seen in women with alcohol problems. These points are demonstrated and developed in 288 interesting pages of *Alcoholism in the Elderly, Social and Biomedical Issues* (Hartford & Samorajski, 1984). This book also discusses in some detail alcohol abuse as a cause of dementia, an association supported by King (1986). Brown (*cit* Kelynack, 1906) in his *The Prevention of Senility* says "... there can be no question that an excess of it (alcohol) does make men old before their time". At a more practical level Age Concern together with Alcohol Concern have produced a comprehensive and helpful leaflet, *Alcohol and Older People* (1988).

Drs Al-Bachari and Acharyya quote from Proverbs; allow me my favourite quote from Dr Kelynack (1906) "With declining mental powers and waning bodily vigour neurasthenic conditions are liable to be established which may tempt the unwary and ignorant to seek relief from the narcotising action of alcohol. When the judgement is dulled and the will enfeebled it is easy for the subject advanced on life's downhill path to quicken all unwittingly his steps, and so unknowingly and unperceived hasten his descent into the silent valley".

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Administration of rectal diazepam

DEAR SIRS

In the health district in which I work, there have recently been difficulties in the administration of rectal diazepam to patients who require this for the acute management of epileptic seizures. This has arisen because of a directive from our local social services department which instructs its staff members that they are not indemnified against its administration. As none of the social services day or residential provisions at present employ clinical staff, this has led to an unsatisfactory situation. The suggestion has been made that an ambulance be called if a person has a severe or prolonged seizure, but this is not a sufficiently rapid response. It has also been suggested that clinically trained staff be jointly appointed to centres by health and social services.

I am writing this letter in an attempt to discover whether similar problems have occurred in the catchment areas of any other consultants in the psychiatry of mental handicap. I will be most grateful to hear from them.

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Diary keeping by junior doctors

DEAR SIRS

We would like to add to the comments made by Dr Adams (*Psychiatric Bulletin*, January 1989, 13, 37). He had noted a reduction in the burden of on-call by communicating with other juniors via a diary. During our study of on-call experience (Donnelly & Rice, 1989) we felt that our burden was lightened

by logging the calls even when there was no direct communication with others. As well as this subjective impression there was a tangible benefit. In one of our hospitals (Graylingwell) where the diary was continued for a further seven months after the seven months of the study, the number of calls fell by 21% (240 calls in 29 days v. 280 calls in 26 days).

Diary keeping is recognised to alter frequency of individual behaviour, e.g. in smoking (McFall & Hammen, 1971), obesity (Johnson & White, 1971) and classroom behaviour (Brodén *et al.*, 1971). Groups under scrutiny might equally be expected to alter the frequency of their behaviour. Nursing staff were aware of the diary as parts were cited during negotiations to reduce calls regarding accidents involving no obvious injury on the long-stay wards. Surprisingly this category of call decreased by only 13% suggesting that the negotiations were not solely responsible for the overall reduction.

Other explanations for the reduction could be proposed such as the increased number of locum consultants in the hospital, seasonal variation, increasing length of time in post or media exposure of juniors working conditions. But with the prospect of a tangible as well as the subjective benefit we would commend the use of a diary to all hand pressed juniors.

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Vacancies in RAF Psychiatric Service

DEAR SIR

Owing to manpower planning problems on a smaller scale than those currently facing the National Health Service, the Royal Air Force Psychiatric Service

currently has a number of vacancies for suitably qualified British nationals.

For psychiatrists who have obtained the Membership of the Royal College of Psychiatrists there are two vacancies at senior registrar level. Successful applicants would be granted a short service commission of three or six years duration. A six year period would enable the individual to complete approved higher psychiatric training (including study leave at an NHS teaching hospital) and reach consultant status.

At that point it would be possible to secure a permanent commission in the RAF or to apply for a consultant post outside the service. Officers retiring after varying periods of service have experienced little difficulty in obtaining appropriate civil appointments.

In addition, opportunities arise from time to time for appointing civilian consultants for periods of three years subject to extension. Applicants should be of consultant status and might be recently retired from the NHS. There is currently one vacancy.

Preliminary enquiries may be directed to one of the undersigned civilian advisers to the Royal Air Force.

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Grading of nurses

DEAR SIRS

Readers may have noted my anguished response to the grading of the staff nurses at our psychiatric day hospital (*Psychiatric Bulletin*, March 1989, **13**, 149–150). They may be interested to learn that following strong representations from, among others, the Division of Psychiatry, management reviewed the gradings and placed day hospital staff nurses on a par with their colleagues in the in-patient unit.

I have, reluctantly, to say that occasionally management gets things right (eventually).

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