

of cases of dementia from those of depression, production of a complete sentence had a sensitivity of 0.75 and a specificity of 0.47. If a patient fails to produce a correct sentence, there is thus a high likelihood of dementia. Such a failure, however, is not useful for screening purposes, since the majority of dementia patients may still be able to produce a sentence.

There were no differences in the length of sentences produced by the two groups of patients.

As to the chosen content of the sentences, demented patients were more likely to write about the examining doctor, or use a religious or proverbial theme. Perhaps surprisingly, patients with functional illness predominated in the use of copy-book type writing exercises, even though the demented patients might have been expected to favour such early-learned and more concrete material.

We conclude that, while an error on the "Write a sentence" component of the Mini Mental State Examination is highly suggestive of a diagnosis of dementia, such a mistake is not a good screen for dementia in a mixed psychogeriatric population.

Similarly, written sentence length and content are not indicators of diagnosis.

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## Erratum

Relocation of long-stay general psychiatric inpatients. By L.S. Chong and P.M. Abbott (*Psychiatric Bulletin*, January 1992, **16**, 22). The fifth paragraph reads: "The rehab. scores showed a

statistically global improvement (*P* values from 0.25 to 0.001)". The latter phrase should read *P* values from 0.025 to 0.001.

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### Trainee Editorship

A new scheme offering SRs training in scientific editorial work and medical writing is now available through *The British Journal of Psychiatry*. The successful applicant will be able to spend one special interest session a week attached to the BJP for six months. It is planned that he/she will be attached to one or more experienced Journal editors and will be given papers to assess under supervision. The trainee will also follow the progress of accepted papers through the editing

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