

state examination for an adult patient and that for patients over the age of 60 years. It has the further merit of including a chapter of guidance for the examination of patients with suspected, or existing, organic cerebral disease (such as would be appropriate to the Membership Examination).

I believe that the College should define when the training for the examination of the demented patient should take place and should make recommendations concerning the core mental-state examinations to be used for the elderly patient and, additionally, for the demented patient. Such recommendations would be helpful for trainees, trainers and examiners.

CARRICK McDONALD

Warlingham Park Hospital
Warlingham, Surrey CR3 9YR

Clinical audit

DEAR SIRs

With modern trends towards various forms of audit of one's work, I would like to describe a frightening but illuminating form of a clinical audit.

Working in the field of psychiatry of old age, as a part of my job description and training I regularly attend the departmental meetings of the sister specialty of geriatric medicine. At regular intervals the following clinical audit has been performed. Case notes of a patient would be reviewed by a consultant from another team in advance of this meeting. Based on this review, the good and bad points in a variety of issues (including the history, physical examination, mental state, investigations, details of accurate documentation, discussion with relatives, timing of despatch of discharge summaries etc.) would be presented to the clinical team who had managed the patient. The audience included all the medical staff in the department, visitors like myself and the undergraduates. The clinical team would have an opportunity to respond and a detailed discussion would follow.

Superficially this exercise seemed very frightening and confrontational and there was a risk that one could lose face with one's colleagues. However in practice it appeared to be very well received and everyone found the discussion beneficial. I even began to use some of their suggestions in my psychiatric work. Exposure of the undergraduates and the

junior doctors at an early stage to this form of scrutiny can only enhance the clinical and administrative skills.

It would be very interesting to use this form of clinical audit in psychiatry where very divergent use of eliciting of history and mental state and managing patients still exists. It certainly would be very educational for undergraduates and junior doctors, and it may improve working efficiency.

A. K. SHAH

The Royal Free Hospital
London NW3 2QG

Request for information

DEAR SIRs

I am coordinating a research project on behalf of a committee, which includes representatives of the Department of Health, the Health and Safety Executive and the Society of Occupational Medicine, to examine the feasibility of establishing a national register of organisations and individuals who can help with psycho-social problems in the workplace, either by counselling or providing training.

In the first instance, they will be asked to complete a questionnaire on the services they offer and the nature of their expertise.

Anyone who offers such services or has employed such services is asked to write to me within the next two months at the address below.

J. F. ERSKINE

Hon. Secretary, OMHDG
39 Westcombe Park Road
London SE3 7RE

Mad dog disease?

DEAR SIRs

The beef in the freezers referred to by Dr Louis Appleby (*Psychiatric Bulletin*, September 1990, 14, 9) may be only the tip of the iceberg. I know one 4-year-old who recently, when pressed to eat his usual favourite hot dog, exclaimed "I don't want to get mad dog disease". Is there something else we should know about!

DECLAN MURRAY

St Edward's Hospital
Cheddleton, Staffordshire