Commission 1983–85 (HMSO, 22 October 1985), it is stated that "... *in some cases it has been necessary to defer issuing a second opinion until genuine involvement of other disciplines has been initiated...*" (section 11.5(c), page 40). It is not necessary to be a cynic to identify the Kafkaesque bureaucracy behind that statement.

There is a clear anomaly in the legal requirement for such an opinion in the absence of universal clinical indications for the involvement of a further professional as defined.

It is not clear in Dr West's article whether the opinions on ECT given by the social worker and the nurse were volunteered or sought; if the latter this is surely improper—the SOAD should not seek opinions which if given would be outside the professional competence of those consulted. That questions of this type are asked on occasion can be substantiated from my own experience. A physiotherapist was asked by the SOAD in one hospital where I have worked if a particular patient should be given ECT; she rightly considered that she should not have been asked for this opinion.

D. M. BOWKER

Birch Hill Hospital
Rochdale

Increased demand for psychiatric beds in the London metropolitan area

DEAR SIRS

Due to the increased demand for psychiatric beds in the London metropolitan area, duty psychiatric registrars attending to emergencies, either in the Accident and Emergencies department or brought in by the police under Section 136 of the Mental Health Act, often spend hours on the telephone trying to find available beds for suitable patients. In central London, this problem is made worse by itinerant patients from distant parts of the country attracted to the 'inner city'.

Almost all psychiatric hospitals in London operate on a 'catchment area' basis and it is usually quite simple to ascertain a patient's catchment area hospital by ringing the Maudsley Emergency Clinic (703 6333) any time of the night or day, provided one has an address. The problem arises when these hospital beds are full. It then becomes a test of endurance trying to convince another hospital to accept such patients temporarily.

This sort of 'crisis' could be alleviated to some extent if representatives from various London hospitals could meet and agree to form a 'Bed Bank' such as other medical and surgical services sometimes have. Such a scheme would necessarily involve the larger mental hospitals situated in the Greater London area, which usually have more available beds. Most hospitals would find an arrangement of this sort mutually beneficial.

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(Formerly Registrar, University College Hospital, London)

Guidelines on the prescribing of benzodiazepines

DEAR SIRS

We are endeavouring to produce district guidelines, for both hospital and community use, on the prescribing of benzodiazepines. It is our aim to restrict the use of such drugs to clearly defined clinical needs and to stop the unnecessary, but all too common practice, of routinely prescribing night sedation on general wards.

May we therefore, through the columns of the *Bulletin*, enquire as to whether any similar guidelines exist elsewhere in the UK.

Any help and information will be greatly appreciated.

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Guardianship Orders

DEAR SIRS

We are writing to ask if any other members of the Royal College of Psychiatrists have experienced difficulty implementing Guardianship Orders (Section 7–10 of the Mental Health Act, 1983).

We have found that Social Services in the Wirral are of the opinion that the Guardianship Order does not allow them to convey a patient from hospital or any other place to the place where the Guardianship Order requires them to live (Section 8(1)). They are thus reluctant to implement Guardianship Orders on patients in hospital or unsuitable accommodation because they feel that the Order as it stands does not provide any mechanism for conveying the patient to the desired residence if the patient is unwilling to go there.

R. BROWN
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Plight of female child psychiatrists

DEAR SIRS

Dr Hardwick's article on Occupational Agarophobia (*Bulletin*, July 1987, **11**, 230–231) caused a lot of amusement in our overwhelmingly female household but was thought (as with most articles by men) to grossly understate the plight of women in general and female child psychiatrists in particular. I am led to believe that in all but the most exclusive and expensive dress shops there is a communal changing room in which women of all ages can be observed in their underclothes or even totally naked if they happen to be trying on bras and panties. It is apparently at these moments of *deshabillé* that the female child psychiatrist is most likely to be observed or hailed by her most difficult and

disinhibited patients. Teachers suffer from a similar occupational hazard so that, for example, I know, from unguarded chit-chat around the house, that Mrs X, a teacher at my daughter's school, wears costly silk underclothes which cannot have been purchased at the chainstore where she tries on more visible layers of clothing. To me as an endocrinologist this information is not particularly sensational but it may account for some of the odd looks received by female child psychiatrists and teachers when interviewing the fathers of their clients.

The obvious solution is that women psychiatrists, teachers and others in the public eye should be given a clothing allowance so that they can patronise expensive establishments with private changing rooms. Apparently many are already forced to do this to preserve their modesty although it is not accepted as a taxable expense by the (male dominated) treasury.

Dr Hardwick should stop feeling sorry for himself and his male colleagues and spare a thought for the much worse plight of female child psychiatrists.

R. B. TATTERSALL

Queen's Medical Centre
University Hospital, Nottingham

Private care for the elderly mentally ill

DEAR SIRS

I write on the topic of security of tenure for residents in private homes for the mentally ill (*Bulletin*, August 1987, **11**, 278–282).

It would be possible to introduce legislation to give such residents some security of tenure. The terms of such security of tenure would be determined by the legislation, but might be defined:

(i) the individual is identified as elderly mentally ill at the request of the individual his/herself or by a relative or carer
(ii) they have been in the home for a minimum period of one month
(iii) they could not be ejected from the home without the agreement of the Local Authority or the Local Health Authority
(iv) the proprietor would have a right to judicial review in case of hardship or special difficulty.

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Audio-Visual Aids to Teaching

Videotape Reviews

Depression in the Postnatal Period. (UK, 1985, 16 mins)

In this tape a young woman describes dysphoric symptoms and a sense of ineptitude following childbirth. This is clearly a postnatal depressive state since at the end of the interview, it is established that she has a more robust personality structure. Other information useful to the diagnosis and management such as the timing of the state in relation to the birth and indeed the duration of the whole disorder is not discussed. The interview closes with a statement by the woman that she has rejected the tablets prescribed by her general practitioner and that she relies upon the interviewer to help her. How the interviewer proposes to do so is not discussed.

The teaching value might have been improved by introductory and closing statements by the interviewer; if the latter included a statement of management, individual teachers using the tape would then be able to discuss the pros and cons of the proposed plan. As it is, they may still discuss the diagnosis and management of postnatal depression and the presentation will be a useful introduction to a seminar on the topic.

Production: Professional Postgraduate Services Ltd. *Presenter:* Dr Peter McGuire. *Distribution:* Upjohn Ltd, Medical Services Liaison Division, Fleming Way, Crawley, West Sussex RH10 2NJ. *Format:* VHS (free).

PHILIP SNAITH
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Leeds

Anxiety Following Myocardial Infarction (UK, 1985, 23 mins)

This tape shows an interview between a psychiatrist and a relatively young man who has suffered a myocardial infarction. The patient, an abstemious and athletic man, is bewildered and angry that fate should have singled him out for such an illness; he has apparently become unduly restricted in his activities and fears that the slightest exertion "such as climbing a ladder" will be sufficient to precipitate a further infarct. (He does not appear to have received much information or advice in graded activity). He commences by saying that he cannot understand how a psychiatrist can help him and the interviewer replies that, at that stage of the interview, he was also unsure; at the end of the interview uncertainty continues.

The teaching value of the tape would have been enhanced by introductory and closing sections in which the interviewer stated what was the nature of the problem, how he proposed to elicit important information, his conclusions from the information and how the patient might be helped.

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