

to have care programmes and those with neurotic and stress-related disorders (F40-42) least likely. If a patient was psychotic during admission they were more likely than average to have a care programme.

An explanation for the higher rates in the elderly and those with dementia may be that these patients are generally hospitalised for longer periods and so there is more opportunity to arrange meetings, as well as the fact that elderly teams are generally more used to routinely working in a multidisciplinary setting. However, for those younger patients whose hospital stay lasts less than one month, there are the very real difficulties of trying to arrange care programming meetings with multi-agency involvement at short notice or sometimes after a patient is discharged. These problems are amplified if the patient is homeless or disengaged from the treatment process and in these cases, a limited care programme may have to be accepted with little or no patient cooperation.

The finding that younger patients who have a neurotic or stress-related illness are less likely to have care programmes may be because they are considered less ill than psychotic or demented patients or less in need of coordinated care and so the whole process may seem too cumbersome or bureaucratic. This underlies the need for a flexible, tiered approach to care programming where the philosophy of needs assessment, user involvement, clear definition of professional roles and good communication are tailored to the requirements of each patient in a pragmatic way.

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European psychiatry: a force for the future

Sir: The European Forum for all Psychiatric Trainees (EFPT) can be likened to the Association of European Psychiatrists (AEP) as described by Murray (*Psychiatric Bulletin*, December 1995, 19, 721-722). It too is following trends of European cooperation, has grown rapidly in the number of member countries and is an important, if not the only, forum of exchange of ideas between trainees in psychiatry across Western Europe.

Unlike the AEP, Britain was not a latecomer to the EFPT but a founder member. The forum was set up in June 1992 at a European Trainees

Conference organised by the Collegiate Trainees Committee at the Royal College. Subsequently, meetings have been held annually in Utrecht (1993), Cork (1994) and Copenhagen (1995). The forum has now established representation from every country in Western Europe and Scandinavia and has been effective in promoting the development of national organisations of psychiatric trainees in member countries. The annual meetings have discussed issues relevant to training, such as international exchange, the role of psychotherapy in training and access to resources for research (Van Beinum *et al*, 1993; Sheldon & Cornwall, 1996). The forum has also represented trainees at the European Board for Psychiatry in its discussions on the proposed EU-wide minimum requirements for specialist training in psychiatry. In our opinion, through the EFPT, trainees are another force for the future in European psychiatry.

SHELDON, L. & CORNWALL, P. L. (1996) The Third European Trainees Forum. *Psychiatric Bulletin*, 20, 106.

VAN BEINUM, M., CASTLE, D. & CAMERON, M. (1993) The European Forum for All Psychiatric Trainees. *Psychiatric Bulletin*, 17, 679-680.

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Reassessment of anatomical preparations

Sir: Until the outbreak of World War II, post-mortems on patients dying in mental hospitals were the rule rather than the exception. The causes of death varied but the low rate of cancers, even allowing for age, was striking when compared with today. There is also a real possibility that mental illness of the type we now call schizophrenia increased in the 19th Century.

There may exist in our remaining mental hospitals anatomical preparations including microscopic slides going back to those times. With the advances in molecular biology it might well be possible to use such techniques to re-examine these specimens and tease out differences between those days and the present. This might cast light on the nature and causes of conditions as diverse as cancers and mental illnesses.

I would be delighted to hear from anyone who has knowledge of such preparations and I would volunteer to set up a preliminary register of such artefacts so they can be assessed and studied at some future date.

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