

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.

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### *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).

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#### **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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