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to the contrary not-withstanding. The November 1999 issue of the *Psychiatric Bulletin* (**23**, 641–701) is a good example of this. The first three or four articles include stimulating discussions on evidence-based medicine in psychiatry (Laugharne) and a balanced and critical article on community treatment orders (Moncrieff & Smyth) with an equally penetrating commentary (Burns). Articles by Davies & Oyebode analyse the application of modern methods of risk management to psychiatric care. Then, quite suddenly, an extraordinary paper appears from Pereira *et al* giving (literally) blow-by-blow instructions on how to restrain and overcome protesting patients and force them to take clozapine therapy. Ethical considerations are dismissed in one sentence at the end. The commentary paper by Barnes also deliberately excludes any discussion of ethical aspects, but briefly sets out some practical reasons why it would not, in any case, work. Ironically, other papers in the same issue express concern at excessive dosages of antipsychotic medication being given to patients by some psychiatrists (Tyson *et al*) and another by Lawrie bemoans the stigmatising attitudes of the general public to psychiatric patients.

The martial arts manual by Pereira *et al* is provocatively entitled 'When all else fails'. This letter is written in the same spirit. I am concerned that this article was published at all, since it could be interpreted as incitement to violence – by psychiatrists – and be endorsed as such. Any such endorsement, however inaccurate and misleading it might be, could conceivably bring psychiatry into disrepute. I sincerely hope my fears in this respect are unnecessary and in any case I cannot think what can now be done to remedy the situation. I shall have to content myself with writing to doctors Moncrieff & Smyth to ask for further details of the campaign mentioned by them to oppose the introduction of community treatment orders which, thankfully, are not included in new mental health legislation now being introduced in Ireland.

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Estimating bed occupancy

Sir: Peter Greengross' recent article on the pressure on acute adult psychiatric beds was a useful attempt to quantify an important problem (*Psychiatric Bulletin*, February 2000, **24**, 54–56). There has been little published about the experience of clinicians outside of London and this paper would appear to confirm that similar problems occur, particularly in southern regions. Such findings have implications for future resource allocation and should inform local strategic planning.

Unfortunately, the approach used, although producing a rapid overview, has disadvantages. Any survey that is reliant on postal response to questionnaires is open to response bias. The chief executive of an NHS trust when invited to comment whether beds are, 'over-occupied', 'rarely, sometimes, or frequently', is being asked to define what he or she considers is the ideal rate of bed occupancy and then give an estimate of what is occurring locally. This arbitrary estimate will, at best, follow consultation with medical records and clinicians. It may simply be a subjective estimate based on anecdote.

At a time of change in emphasis towards community-based resources, planning can only be based on reliable information. Quantification of a perceived problem can only occur with, 'real', data and this is best produced by a census approach as suggested by the authors. Kennedy (2000) has recommended a systemic approach to the needs assessment, involving an initial mapping of the services available to psychiatric patients, including specialist services. This would be more informative, as the pressure on acute adult psychiatric beds is likely to be related to the availability of longer stay beds, thus better informing strategic planning.

Reference

KENNEDY, H. (2000) *Needs Assessment: Recent Advances and Toolkit*. Presentation at the Residential Conference of the Royal College of Psychiatrists. Cardiff.

Anand Sharma, Clinical Research Fellow, North London Forensic Service, Camlet Lodge RSU, Chase Farm Hospital, Ridgeway, Enfield EN2 8JJ2

the college

Nominees elected to the Fellowship and Membership under Bye-Law III 2(ii)

At the meeting of the Court of Electors held on 15 February 1999, the following nominations were approved.

Fellows – UK

Dr Patricia Mary Abbott, Dr Helen M. Anderson, Dr Gary Bell, Dr Anthony P. Boardman, Dr Sikander Abbas Bokhari, Dr Michael P. Bourke, Dr Daniel M. Brennan, Dr Martin H. Briscoe, Dr David P. K. Brown, Dr Aggrey Burke, Dr Sheila A. Calder, Dr Lachlan B. Campbell, Dr Maria T. G. T. Campbell, Dr Peter K. Carpenter, Dr John F. Connolly, Dr Sarah Anne Davenport, Dr Shamim Dinani, Dr Stephen Edwards, Dr Morad El-Shazly, Dr Kim Fraser, Dr Nilani P. Gajawira, Dr Richard A. Gater, Dr John R. Geddes, Dr Raymond Goddard, Dr Stephen Hunter, Dr Chuda Karki, Professor Michael B. King, Professor James Lindesay, Dr Hilary Lloyd, Dr Hameen R. Markar, Dr Caroline Marriott, Dr Brian V. Martindale, Dr Maria G. A. McGinnity, Dr Kenneth Merrill, Dr Niall Moore, Dr John R. Morgan, Dr Andrew W. Procter, Dr Mohammed Abdhur Razzaque, Dr Stephen P. Reilly, Dr Drew Ridley-Siegert, Dr Philip J. Robson, Dr Mangayatkarasy Sabaratnam, Dr Kamran Saedi, Dr Lester Sireling, Professor Graham J. Thornicroft, Dr Ariyadasa Ubeysekara, Dr Nicholas Wagner, Professor Simon Wessely, Dr Peter Wood.

Fellows – overseas

Professor Cliff Allwood, Dr Zeinab Bishry, Dr David R. Dossetor, Dr Kandath V. Girijashanker, Dr Yan Ming Ip, Dr Jacob K. John, Dr Siu Wah Li, Dr Norman Moore, Dr Kenneth Nunn, Professor Helmut Remschmidt, Dr James Rodney.

Membership under Bye-Law III 2(ii) – UK

Professor Anthony R. Kendrick, Dr Gabriel Kirtchuk, Dr Kolappa Sundarajan.

Membership under Bye-Law III 2(ii) – Overseas

Dr Chwen C. Chen, Professor Afaf H. Khalil, Dr Nicolino Paoletti

Election of President

Notice to Fellows and Members

Fellows and Members are reminded of their rights under the Bye-Laws and Regulations, as follows:

Bye-Law XI

The President shall be elected annually from among the Fellows.

Regulation XI

(1) As soon as may be practicable after the first day of June in any year the Council shall hold a nomination meeting and shall . . . nominate not less than one candidate and not more than three candidates . . .

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(2) Between the first day of June in any year and the date which is four clear weeks after the nomination meeting of the Council, written nominations, accompanied in each case by the nominees' written consent to stand for election, may be lodged with the Registrar, provided that each such nomination is supported in writing by not less than 12 Members of the College who are not members of the Council.

(3) An election by ballot shall be held in accordance with the provisions of the Regulations.

The nominating meeting of the Council will be held on 28 April 2000 and the last date for receiving nominations under (2) above will therefore be 25 May 2000. Professor John Cox is in his first year of office as President and is therefore eligible for re-election.

The Royal College of Psychiatrists Winter Business Meeting 2000

The Winter Business Meeting of Council was held at the Royal College of Psychiatrists on 31 January 2000.

Minutes

The Minutes of the Winter Business Meeting held at the Royal College of Psychiatrists on 3 February 1999 were approved as a correct record.

Election of Honorary Fellows

The following were elected to the Honorary Fellowship:
The Right Honourable Sir Stephen Brown, PC; Dr Robert Kendell, CBE; Professor Israel Kolvin; Professor Juan Lopez-Ibor Alino; Professor Toma Tomov.

reviews

CAMDEX–R: The Cambridge Examination for Mental Disorders of the Elderly

By Martin Roth, Felicia A. Huppert, C. Q. Mountjoy and Elizabeth Tym. Cambridge: Cambridge University Press. 1998. 180 pp. £95.00 (hb). ISBN 0-521-46261-4

This pack consists of a book including the questions in the Cambridge Examination for Mental Disorders of the Elderly; a computer disk onto which answers can be entered and from which questionnaires can be printed; and a smaller book with pictorial materials for cognitive examination. Within the main book there is a structured clinical interview; a brief neuropsychological battery; a structured interview with a relative; the diagnostic criteria from DSM–IV and ICD–10 for dementia and other categories including differential with depression. The CAMDEX–R also gives operational criteria which it suggests are used for clinical diagnosis and guidelines for classifying dementia according to clinical severity.

The first aim is to enable a differential diagnosis of dementia to be made according to the most recent criteria with the materials needed (apart from for physical examination and biochemical examination) included. The book gives the range of information required for differential diagnosis of the varying forms of dementia available in a single standardised interview and examination pack. However, I found it surprising that the criteria for Alzheimer's disease and vascular dementia are not given, although I agree they are fairly well known, but you could argue that about the rest of the material as well. Most mental health professionals know how to elicit the history or mental state.

The pack is designed so that different mental health professionals can use it. However, a physical examination and blood tests are needed to fill in the checklists. As a result only medically trained professionals can use the pack to make a differential diagnosis.

The computer pack has no installation instructions in the handbook. Once installed I was pleased to see that it was year 2000 compliant, but it would accept ridiculous dates for the year the interview was done, for example, 1957. The package is not as professionally laid out as the handbook and is DOS based. I was disappointed that the diagnosis had to be entered into the computer package by the interviewer, as I was hoping that the diagnostic criteria would be matched up with the answers to give an indication as to how they were fulfilled even if the programme did not come to a diagnosis. The GMS–AGECAT (a similar package designed by Professor Copeland and his team in Liverpool) comes to a standardised diagnosis from the information given with which the interviewers are free to disagree clinically. It would be helpful if CAMDEX–R did this as well. The authors state that they are currently developing a computer programme for examining individual scores obtained versus expected scores on both the total and the sub-scales based on demographic characteristics.

In summary, the CAMDEX–R is a well-organised and generally comprehensive research instrument for the differential diagnosis of dementia. The materials are beautifully laid out and a pleasure to handle. It would be a helpful research tool in providing standardised assessments. The computer package is, however, disappointing.

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Differential Diagnosis in Psychiatry

By S. Peters. Sheffield: Sheffield University Television. 1998. £35.00 (1 video), £180.00 (all 7 videos)

The introduction included on each video stated that they provided "an overview of mental illness based on the ICD–10 classification". The diagnoses selected covered the main 'F' categories in the ICD–10 (organic disorders, psychoactive substance use, schizophrenic disorders, mood disorders, neurotic, stress-related and somataform disorders and personality disorders). The last video was called 'Challenging Cases'.

All but the last video consisted of the same format. First, text is displayed against a monochrome sagittal section of a brain with a voice over to introduce the clinical features of each diagnosis. This was followed by a brief clinical interview with the psychopathological features outlines at the beginning and captioned as the interview proceeded. Last, the differential diagnosis for the disorder was again outlined in text according to the ICD–10 diagnostic hierarchy. The seventh video 'Challenging Cases' presented four interviews of difficult presentations for group discussion.

The videos have been professionally produced, financed by pharmaceutical companies, and provide a clear introduction to the basis of differential diagnosis in psychiatry. In my opinion they are probably best suited to undergraduates rather than a postgraduate audience and should be shown separately. The patients included in the interviews seemed somewhat unreal, and I assumed that they were actors following a script. Also the credits indicated that the tapes were "written by Dr Steve Peters" whom I assumed had also 'acted' as the interviewer.

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