(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 wellorganised 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.



I thought it unfortunate that the differential diagnoses followed the hierarchical ordering of ICD-10 with organic causes being listed first. While in some respects this is logical in other ways it is not so. The reason relates to the old adage that "if I see a bird flying past my window it is more likely to be a sparrow than a canary". clearly in terms of organic disorders, hypothalamic tumour is a possible differential diagnosis for mania However, substance misuse is much more common as a cause of manic symptomatology. There was also one 'howler': phaechromocytomatosis is given as the first differential diagnosis of panic symptoms, even before thyrotoxicosis! Examiners would not be impressed by such

In spite of these reservations, used in conjunction with other teaching methods and in short segments, the videos provide a good adjunct to the teaching of basic psychiatry.

Anne Farmer, Professor of Psychiatric Nosology, Social, Genetic & Developmental Psychiatric Research Centre, Institute of Psychiatry, Denmark Hill, London SE5.8AF

The Treatment of Drinking Problems. A Guide for the Helping Professionals

G. Edwards, E. J. Marshall and C. C. H. Cook. Cambridge: Cambridge

University Press. 1997. 368 pp. £23.95. ISBN 0-521-49792-0

When I was introduced to the first edition of this book I was enthralled. Here was a bestseller of the addictions world which combined good readable English with evidence-based medicine and sound clinical judgement. When I came to read this third edition I assumed it would be as good, so I took it on holiday, something clinicians are warned against, but the risk was worth it and I was not disappointed.

For this new edition the first author has been joined by two others. This enhances the book by giving it a broader creative base from two well-respected figures. The volume is divided into two parts, the first of which covers basic areas which give a background understanding of alcohol problems, while the second part gives a thoroughly practical account of clinical relevance to screening, assessment and treatment. There is an introductory guide which sets forth the aims of the authors and would allow easy access by a reader to those areas of immediate interest at any time when dipping into the book.

As might be expected, where statements are made, references are quoted to back up the opinions expressed. This means it can function as a very useful starting point for pursuing an area of interest. Appropriate references are quoted from the past (with Trotter, 1804, being the oldest I could see) while incorporating up to date literature as well.

Unfortunately, Project MATCH was published just too late to be included though there is information on the use of new drugs such as acamprosate and naltrexone.

I am probably being too critical to cavil that a section is included on "transient hallucinatory experience" without anything other than opinion to back it up. There is no discussion in relationship to DSM-IV or ICD-10 about this suggestion. Similarly, a statement is made that alcoholic hepatitis "almost always progresses to cirrhosis in women, even following abstinence". That has not been my invariable experience and I would have liked a reference to support this. However, to find only two criticisms compared with such a luxurious wealth of fact, common sense and treatment optimism - while being a good read into the bargain makes me feel churlish. All psychiatrists who treat patients with alcohol problems should obtain a copy and they will find that it will repay itself as a reference book. Libraries in psychiatric hospitals must have at least one copy for those preparing for examinations.

A. D. T. Robinson, Consultant Psychiatrist, Substance Misuse Service, Fulton Clinic, Royal Cornhill Hospital, 26 Cornhill Road, Aberdeen AB25 2ZH

miscellany

FOCUS, the child and adolescent mental health project at the Royal College of Psychiatrists' Research Unit, has produced an internet guide for child and adolescent mental health service (CAMHS) professionals. This resource contains two sections: the first is a

comprehensive 'how to' guide to the internet and the second lists sites of interest to people working in CAMHS. The resource is available free of charge to members of the FOCUS network. Further information: Catherine Ayres, The Royal College of Psychiatrists' Research Unit

(tel: 020 7235 2351 ext. 256; e-mail: catherine.ayres@virgin.net).

Professor Hugh Freeman has been awarded the 650th Anniversary Medal of Merit of the Charles University of Prague.

forthcoming events

The Forum on Learning Disability, The Royal Society of Medicine Press are holding two one-day meetings:

Behavioural Phenotypes: Academic and Clinical Update, which takes place on 11 May 2000 and Therapy in Schools: Problems, Policies and Good Practice, which takes place on 4 July 2000. The venue for both meetings is The Royal Society of Medicine Press, London. Further information: Emma Chaffin, The Royal Society of Medicine Press, 1 Wimpole Street, London W1M 8AE (tel: 020 7290 3934).

The Clinical Governance Support Service at the Royal College of Psychiatrists' Research Unit is organising a series of symposia focusing on key issues in mental health and their relation to clinical governance. These include: The National Service Framework for Mental Health in the Context of Clinical Governance, on 16 May 2000; Learning Disability Services in Relation to Clinical Governance, on 19 June 2000 (both in London); and Risk Management and Clinical Governance on 26 September 2000 (Macclesfield). Further information: Sam Coombs, Communications Officer, The Royal College of Psychiatrists' Research Unit (tel: 020 7235 2351 ext. 234)

The Portman Clinic is recruiting for its **Diploma in Forensic Psychothera- peutic Studies** course. The course is aimed at professionals working in the NHS

secure units, prisons, probation offices, the courts and the community, and aims to increase understanding of the psychodynamic considerations underlying offending behaviour in a criminal context. Further information: The Portman Clinic, 8 Fitzjohn's Avenue, London NW3 5NA (tel: 020 7794 8262; e-mail: portman@taviport.org).

Turning Policy into Practice Seminars: Integrated Care Pathways as a Quality Initiative is the title of a one-day seminar for managers and practitioners organised by the Centre for Mental Health Services Development (CMHSD), King's College London, being held in Taunton on 23 May 2000. This workshop aims to provide an introduction