greater than any oral information previously received.

I found myself thinking more carefully before I wrote notes and allowing patients access enabled details to be corrected and a more accurate record to be made. It was still possible to record sensitive information if it was correct.

The Access to Health Records Act may make little difference in practice, as our experience was that patients themselves rarely asked to read their notes. However, perhaps we should take the more radical step of offering and encouraging access. The major drawback is that it takes time adequately to explain psychiatric jargon and answer questions raised, but it is certainly time well spent.

HILARY FOSTER

Bexley Hospital
Bexley, Kent DA5 2BW

The Public Records Act, 1958, and local archive services

DEAR SIRS

Psychiatrists who have a concern about the preservation of hospital documents and records will find the provisions of the Public Records Act, 1958, helpful. This Act places a duty on health authorities to preserve those classes of records deemed worthy of permanent preservation. Records less than 30 years old are the responsibility of the health authority and those over 30 years old of the Lord Chancellor's Department.

In practice, the Public Record Office asks a local record office to locate and care for the significant hospital records in its area. The records most at risk, for example at hospitals facing closure, are usually given priority for assessment and transfer. There is no change in the ownership of records deposited under the Act and if deposited records are needed by a hospital they are returned. There is no charge for the service although a free service may not exist for ever. Mental health seems to be an increasingly popular topic for students, but they are not permitted to see 'closed' medical records.

Psychiatrists seeking more information will no doubt find advice from their local archive service.

DOUGLAS A. SPENCER

Meanwood Park Hospital
Leeds LS6 4QB

Pre-interview questionnaires

DEAR SIRS

We read the audit article on pre-interview questionnaires (Eynon & Gladwell, *Psychiatric Bulletin*, March 1993, **17**, 149–151) with interest.

In a recent study we examined the use of pre-interview questionnaires by a child and family psychiatric unit. We found that the introduction of a pre-interview family questionnaire had significantly reduced the number of families who 'survive' the referral process and attend their first appointment. In parallel with Eynon & Gladwell we identified other functions provided by pre-interview questionnaires, apart from that of information gathering. The very act of getting families to answer questions about the nature of their problems might in itself be a catalyst for change, thus removing the need for any professional intervention. The type of questions asked may act to deter those families who would find it difficult to engage and use the type of service that we provide. The hurdle described by Eynon & Gladwell may indeed be too high for families in a state of chaos or crisis but who might otherwise have benefited from our type of service.

Proper evaluation of these latent functions – the therapeutic, the deterrent, and the hurdle – require studies of two types. Initially, recipients who fail to return their questionnaires will need to be contacted directly and an attempt made to find out why. Subsequently, pre-selection of patients in this way will need to be correlated with outcome criteria before we can justify deterring any sub-group of those individuals or families referred to us.

STUART COX
CLARE LUCEY

Children and Families Mental Health Service
Walpole House
13 Mattock Lane, Ealing W5

Consumer audit of psychiatric training

DEAR SIRS

I read with interest Cunningham & Aquilina's paper on consumer audit of psychiatric training (*Psychiatric Bulletin*, February 1993, **17**, 93–94) but am surprised that they are unaware of previous attempts by trainees to assess the quality of their training. Fahy & Beats (1990) described a survey of junior psychiatrists' experiences at the Maudsley which seemed to address similar issues. They also discussed the long history of trainee assessment of psychiatric training quoting Jeffreys & Murray's study conducted in 1974!

The authors can be forgiven for being unaware of current trainee led audits of psychiatric training. On the Mid-Trent (Nottingham) rotation the Feedback on Jobs Committee, a sub-committee of the Junior Medical Staff Committee, has been engaged in a programme of regular audit for over six years. At six monthly intervals the trainees on the rotation (currently 17 SHOs, 25 registrars and four PM79/3

registrars) are sent feedback forms on their last placement. At two yearly intervals these forms are collated to provide reports on individual posts which are sent to the representative consultants for comment. The final report is then presented, through our representatives, to the rotation training committee for comment and action – if appropriate. On the last occasion we have produced a summary report detailing how the rotation as a whole is succeeding in the provision of high quality training. The latest report reveals very high levels of trainee satisfaction but, like the Liverpool scheme, few posts completely fulfil College recommendations. During the time of our audit there has been a steady improvement in the quality of training in spite of the problems caused by NHS changes and training reorganisations (Davies & Junaid, 1992).

The authors' paper is to be welcomed, but as a contribution to the long and continuing tradition of active trainee participation in psychiatric training rather than a new development.

STEFFAN DAVIES

Mapperley Hospital
Nottingham NG3 6AA
Chairman, Feedback on Jobs Committee

References

DAVIES, S. & JUNAID, O. (1992) Training for trainees. *Psychiatric Bulletin*, **16**, 778–779.
FAHY, T. A. & BEATS, B. (1990) Psychiatric training at the Maudsley Hospital: a survey of junior psychiatrists' experiences. *Psychiatric Bulletin*, **14**, 289–292.
JEFFREYS, P. M. & MURRAY, R. M. (1974) Trainees' assessment of vocational training in psychiatry: a pilot study at the Maudsley Hospital. *Medical Education*, **10**, 52–55.

Dental psychiatry – False teeth and Alzheimer's disease

DEAR SIRS

I write with reference to the above paper (Burns *et al*, 1992) which turned out to be a hoax.

For a number of years a medical research team from the departments of Chemistry, Pathology and Neurology at the University of Kentucky has been investigating Alzheimer's Disease (AD) (Ehmann *et al*, 1986, 1987) using neutron activation. The team determined quantities of 18 elements in AD brains and age-matched controls and found the most consistent alterations of the largest magnitudes were elevations of mercury and bromine (Wenstrup *et al*, 1990). They considered mercury to be the most important of the imbalances observed and that the largest trace element imbalance ever found was the elevation of Hg in the nucleus basalis of Meynert (nbM) of AD patients compared to controls (39.3 v. 8.9 ng/g, fresh weight basis). The nbM is the major cholinergic projection to the cerebral cortex and is severely degenerated in AD victims.

The author discussed several mechanisms by which the imbalance of mercury might alter the brain in AD victims. They noted potential sources as diet and dental amalgam. But the World Health Organisation (1991) measured the average daily intake of mercury toxins and their source, finding that at best dental amalgam produced as much as all other sources put together, and at worst could be six times greater. Denture wearers of course, would no longer be exposed on a daily basis to mercury vapour from dental amalgam.

So in the long run the Levy, Burns *et al* hoax may do more for AD sufferers than all the worthy quartet's years of research. Their final sentence, "It may be that future research into AD should be directed more towards the mouth than the brain" (Burns *et al*, 1992) may turn out to be prophetic.

J. G. LEVENSON

No 1 Welbeck House
62 Welbeck Street
London W1M 7HB

References

BURNS, A., HOWARD, R., FÖRSTL, H. & LEVY, R. (1992) False teeth and Alzheimer's disease. *Psychiatric Bulletin*, **16**, 227–228.
EHMANN, W. D. *et al* (1986) *Neurotoxicology*, **7**, 197–206.
—— (1987) *Biological Trace Elements Research*, **13**, 19–33.
WENSTRUP, D., EHMANN, W. D. & MARKESBERY, W. R. (1990) Trace element imbalances in isolated subcellular fractions of Alzheimer's disease brains. *Brain Research*, **553**, 125–131.
WORLD HEALTH ORGANISATION (1991) *Environmental Health Criteria 118: Inorganic Mercury*. Geneva: WHO.

Psychiatric cartoons

DEAR SIRS

The Appeals Committee of the College is trying to raise money for various good causes such as the Defeat Depression Campaign.

As a member of the committee I am currently working on the production of a book of cartoons which have psychiatrists or psychiatry as their main subject. To this end I am collecting cartoons from newspapers and other publications and writing to the relevant editors seeking permission to use them in a volume which might be sold to the general public to raise money for the Appeals Committee. Sensitive editing will clearly be needed to exclude material which is in poor taste, the aim being in general to