

the Emergency Clinics of a London teaching hospital and that of a large London private hospital with substantial NHS links.

I did not make any reference to the activity of a Professorial Department in a large London teaching hospital or that of other NHS psychiatric units.

The patient samples were collected retrospectively for one corresponding quarter of a year and the diagnoses were made by consultant psychiatrists or by psychiatric registrars in charge of the emergency clinics. For the 53 new cases seen at The Priory Hospital the corresponding figure for The Charing Cross Hospital was 155.

I had tried to convey in my letter the need to conduct a prospective study on the follow-up of these patients which would answer some of the questions posed by Dr Poole and Dr Shetty.

A recent leader in the *British Medical Journal* stated that "evidence for the efficacy of psychiatric services (both private and public) is lacking. Unfortunately, neither private nor public psychiatric hospitals issue enough useful information on recovery rates to allow direct comparisons between different settings. In their absence consumer choice depends more on impressions of the care provided than on any evaluations of outcome. Private providers market comfort, convenience, and privacy; reduced waiting times, more intensive treatment; and respect for the patient. All these are qualities that could be improved within NHS facilities" (*BMJ*, 300, 7 April 1990, p. 892).

Considering the importance of these issues there is little literature on the outcome of patients treated both in the private and public sectors. Of the studies available only two compare the public and private practice of psychiatry. Gold & Partiger (1964) in Australia reported that "there was surprisingly little difference between the two practices".

Langsley (1974) in the United States noted that his study was marked by the similarity of both demographic and clinical details of the two groups of patients, leading him to conclude that his research challenged "some of the myths about private practice".

Young & Reynolds (1980) compared clinical and demographic data of patients treated in two state psychiatric hospitals with those of patients in the psychiatric wards of two general hospitals and a private psychiatric hospital. The results were interpreted as indicating a greater morbidity of patients within the public hospitals.

A retrospective study by Goldney (1988) comparing patients in private and public psychiatric facilities showed a general similarity of diagnoses in the two groups and the figures compare very favourably with my own findings.

What is needed is a serious and objective systematic evaluation of different forms of health care and

not a number of premature and politically motivated comments, which prejudice the issue.

SAEED ISLAM

*The Priory Hospital*  
Priory Lane  
London SW15 5JJ

#### References

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- GOLDNEY, R. D. *et al* (1988) A comparison of patients in private and public psychiatric facilities. *Australian Clinical Review*, Sept. 1988, 117–123.
- LANGSLEY, D. G. (1974) Comparing clinical and private practice of psychiatry. *American Journal of Psychiatry*, 131, 297–303.
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#### Progress in psychiatry?

DEAR SIRS

The following example of progress in psychiatry may be of interest.

*Extract from service agreement between the Southern Derbyshire Health Authority and the Authority's mental health unit, for the provision of mental illness services (June 1990).*

"Every patient will receive a review of their care programme by medical staff. As a minimum standard this will be undertaken annually."

*Extract from the Institutions for Lunatics (Reports and Returns) Rules 1895 (S.I. 1895 No. 281).*

"13. Subsequent entries describing the course and progress of the case, and recording the medical and other treatment, with the results, shall be made in the case book for patients at the times herein-after mentioned, that is to say; once at least in every week during the first month after reception, and oftener when necessary; afterwards in recent or curable cases, once at least in every month and in chronic cases, subject to little variation, once in every three months."

Rule 10 required all entries to be made by a medical officer.

IAN G. BROOKS

*Kingsway Hospital*  
Derby DE3 3LZ

#### Talking to patients

DEAR SIRS,

As an undergraduate student our great teacher, Dr Henry Yellowlees, said the most important thing a medical student should learn is how to say good morning to a patient. It has been my privilege to meet