- ¹⁵ Craft M. An evaluation of treatment of depressive illness in a day hospital. *Lancet* 1958;ii:149-51.
- ¹⁶ Kris E. Prevention of hospitalisation through relapse control in a day hospital. In: Greenblatt M, ed. *Mental patients in transition*. Springfield, Illinois: Charles C Thomas, 1961.
- ¹⁷ Zwierling I, Wilder JF. An evaluation of the applicability of the day hospital in the treatment of acutely disturbed patients. *Israel Annals of Psychiatry* 1966;2:162-85.
- ¹⁸ Wilder JF, Levin G, Zwierling I. A two-year follow-up evaluation of acute psychotic patients treated in a day hospital. *Am J Psychiatry* 1966;122:1095-101.
- ¹⁹ Herz MI, Endicott J, Spitzer RL, Mesnikoff A. Day versus inpatient hospitalisation: a controlled study. *Am J Psychiatry* 1971;127:1371-82.
- ²⁰ Ettlinger RA, Beigl A, Feder SL. The partial hospital as a transition from inpatient treatment: a controlled follow-up study. *Mt Sinai J Med* 1972;39:251-7.
- ²¹ Michaux MH, Chelst MR, Foster SA, et al. Post-release adjustment of day and full-time psychiatric patients. *Arch Gen Psychiatry* 1973;29:647-51.
- ²² Sappington AA, Michaux MH. Prognostic patterns in self-report, relative report, and professional evaluation measures for hospitalised and day care patients. *J Consult Clin Psychol* 1975;43:904-10.
- ²³ Washburn S, Vannicelli M, Longabaugh R, et al. A controlled comparison of psychiatric day treatment and in-patient hospitalisation. *J Consult Clin Psychol* 1976;44:665-75.
- ²⁴ Penk WE, Charles HL, Van Hoose TA. Comparative effectiveness of day hospital and inpatient psychiatric treatment. *J Consult Clin Psychol* 1978;46:94-101.
- ²⁵ Herz MI, Endicott J, Spitzer RL, et al. Brief hospitalisation of patients with families: initial results. *Am J Psychiatry* 1975;132:413-8.
- ²⁶ Herz MI, Endicott J, Spitzer RL, et al. Brief versus standard hospitalisation: the families. *Am J Psychiatry* 1976;133:795-801.
- ²⁷ Herz MI, Endicott J, Spitzer RL, et al. Brief hospitalisation: a two year follow up. *Am J Psychiatry* 1977;134:502-7.
- ²⁸ Reibel S, Herz MI. Limitations of brief hospital treatment. *Am J Psychiatry* 1976;133:518-21.
- ²⁹ Endicott J, Herz MI, Gibbon M. Brief versus standard hospitalisation: the differential costs. *Am J Psychiatry* 1978;135:707-12.
- ³⁰ Herz MI, Endicott J, Gibbon M. Brief hospitalisation: two year follow up. *Arch Gen Psychiatry* 1979;36:701-5.
- ³¹ Endicott J, Cohen J, Nee J, Fleiss JL, Herz MI. Brief versus standard hospitalisation: for whom? *Arch Gen Psychiatry* 1979;36:706-12.
- ³² Linn MW, Caffey EM, Klett J, Hogarty GE, Lamb HR. Day treatment and psychotropic drugs in the after care of schizophrenic patients. A Veterans Administration cooperative study. *Arch Gen Psychiatry* 1979;36:1055-66.
- ³³ Falloon IRH, Talbot RE. Achieving the goals of day treatment. *J Nerv Ment Dis* 1982;170:279-85.
- ³⁴ Austin NK, Liberman RP, King LW, De Risi WJ. A comparative evaluation of two day hospitals. Goal attainment scaling of behavior therapy vs milieu therapy. *J Nerv Ment Dis* 1976;163:253-62.
- ³⁵ Shepherd G, Richardson A. Organisation and interaction in psychiatric day centres. *Psychol Med* 1979;9:573-9.
- ³⁶ Wing JK, ed. Long-term community care: experience in a London borough. *Psychol Med* 1982;12:monograph supplement 2.
- ³⁷ Wing JK. Principles of evaluation. In: Wing JK, Hailey AM, eds. *Evaluating a community psychiatric service: the Camberwell register*. London: Oxford University Press, 1972:11-39.
- ³⁸ Department of Health and Social Security. *Care in the community. A consultative document on moving resources for care in England*. London: DHSS, 1983. (HC(81)9/LAC(81)5.)
- ³⁹ Department of Health and Social Security. *Health service development care in the community and joint finance*. London: DHSS, 1983. (HC(83)6/LAC(83)5.)

Consensus development conference: coronary artery bypass surgery in Britain

Since 1978 over 40 consensus development conferences have taken place in the United States under the auspices of the National Institutes of Health. The subjects have been as various as screening for breast cancer, hip joint replacement, and dental sealants. More recently such conferences have been held in Sweden, Holland, and Denmark, and a pilot conference is planned for Britain in November this year. So how does a consensus development conference differ from the growth of a natural consensus or a conventional medical symposium?

A consensus conference deals with a specific technological method, procedure, or programme, discussing its place in medical care. Both the audience and the consensus panel, which produces the statement on the issue, represent a broad range of backgrounds and disciplines. Topics are chosen that are controversial and of public importance. The British conference is being sponsored by the King's Fund in association with the Royal College of Physicians of London and the Royal College of Surgeons of England. Coronary artery bypass surgery is of current concern because of the wide differences in its frequency in different countries (about 125 operations per million population each year in Britain and 650 in the United States).

Each conference seeks to answer a set of questions. For the conference in Britain four issues have been identified. Firstly, what are the pros and cons of coronary artery bypass grafts compared with alternatives for various types of patient in terms of survival and the quality of life? Secondly, what are the indications for various investigations for coronary artery disease? Thirdly, how big are the potential pools of patients for investigations and for coronary artery bypass grafts, taking

account of alternative treatments? Are these estimates likely to change substantially in the next 5-10 years? And, finally, what would be the cost and organisational implications of making increased provision for investigation and treatment?

Invited experts will present evidence at a meeting that is open to anyone making prior registration. The panel will listen, ask questions, and at the end prepare its written consensus. This will be presented at the end of the conference with the press invited; it will be published in full shortly afterwards in the *BMJ*. Half the members of the panel will be medical—including a cardiologist, cardiothoracic surgeon, general practitioner, and community physician—and other members will include a statistician, lawyer, philosopher, economist, nurse, and journalist.

If this conference proves a success we hope that a regular consensus programme might be set up as a means of promoting debate of controversial issues both among experts and between doctors and the public.

Anyone wishing to register for the conference should contact Barbara Stocking at the King's Fund, 2 Palace Court, London W2 4HS, telephone 01 229 9361.

BARBARA STOCKING

Fellow in Health Policy, Innovation, and Evaluation,
King's Fund College,
London W2 4HS

BRYAN JENNETT

Dean of Medicine,
University of Glasgow,
Glasgow G51 4TF