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Correspondents are urged to write briefly so that readers may be offered as wide a selection of letters as possible. So many are being received that the omission of some is inevitable. Letters must be signed personally by all their authors.

Psychiatric ward rounds

SIR,—It is salutary for those of us currently on the other side of the fence to read of the experience of your correspondent in "Personal View" (1 July, p 50) of psychiatric ward rounds.

Since reading a letter describing similar experiences in the *British Journal of Psychiatry*¹ my colleagues and I have made some effort to examine whether less daunting, distressing, and humiliating ways may be found in which the therapeutic team can pool ideas and observations and plan treatments. Of course meetings can be and are held in the absence of the patient, each member of the team seeing the patient privately at other times, but we have concluded that there are positive advantages for the patient being present at such ward conferences (a more appropriate term than ward "round"). She may then actively participate in discussing her symptoms, treatment, plans, and prospects with all those involved in her care and in a sense becomes a member of the therapeutic team. Certainly with the increasing autonomy of professional groups—nurses, psychologists, social workers, occupational therapists, etc—it is clearly vital that diagnosis and management must be co-ordinated, and for better or worse the consultant, as the legally responsible medical officer, must be the one to do it. Thus it is his responsibility to make sure that the ward conferences are at best therapeutic and at worst not too distressing for the patient.

Fortunately I have not had to suffer admission to a psychiatric unit but can readily empathise with the feelings of your corres-

pondent. The sense of loss of status and identity when confronted by a group of professionals (and students) who may be, or may be perceived to be, less well qualified than oneself and the problem of adjustment to communal life with different ethnic and social groups of varying ages and degrees of psychiatric illness must be terrifying for anyone not completely psychotic.

But surely the question to be asked is not whether ward conferences should be replaced but in what ways they may be conducted so that they cause minimal or no distress. Clearly the patients must be prepared for the event by doctors, nurses, and other patients. The courtesy with which they are received and leave the room, the arrangement of furniture, the introduction of staff by name and role can all go towards relieving anxiety and temper the sense that the patient is simply an object of professional curiosity. Free-for-all questioning or interrogation must obviously be avoided and reassurance that distressing topics can be discussed with individual members of the team privately after the conference should be given. In practice, however traumatic the experience of the conference may be for some, I am always amazed at how rejected and disappointed those who have not been seen by the team as a body are.

Professionals of any kind are, I fear, prone to lapse into insensitivity from time to time, and those of us whose profession is concerned with human suffering need to examine our attitudes constantly, particularly when we can

become fascinated by the "case" and forget the person.

It has not escaped my notice that your correspondent with her "Personal View" may be identical with the writer of the letter to the *British Journal of Psychiatry* (I note that both reported that they had been admitted to hospital for physiotherapy), but that in no way invalidates her observations and we must be grateful to her for them.

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¹ *British Journal of Psychiatry*, 1978, **132**, 111.

Misdiagnosis of amoebiasis

SIR,—About two years ago a patient who had visited the tropics died in one of the hospitals of our district after a laparotomy for a suspected carcinoma of the caecum. The patient proved to have amoebiasis. Amoebae had been looked for by conventional methods but not found.

The diagnosis of amoebiasis is notoriously difficult to confirm. It is particularly difficult where clinicians and pathologists have little personal experience of the disease. Our experience compels us to support the contention of Air Vice-Marshal Stamm¹ that the disease should be considered in all patients with diarrhoea of more than two weeks' duration and in all patients with liver disease whose cause is otherwise obscure. We hope that further tragedies may be avoided by making wider use of the fluorescent antibody tests for amoebiasis.

We urge the Department of Health to make the tests freely available; to give them wide publicity; and to warn hospital doctors that