particular patient. In my opinion this is wrong. How can a doctor get the best out of a patient if he interviews them in front of people they may not know or trust? To give an example, the majority of my treatment was physiotherapy, as I am disabled. The physiotherapist attended the meetings for every patient, even though I was the only person she treated. I was often asked by my fellow patients who the lady in the white uniform was. They were often confused as they did not come across her during their treatment.

Many patients came from the room crying. A typical example is that of a young married woman who went into the room and found that it was full of people she did not know. She was consumed with fear, dried up completely and burst into tears. She was so distressed that she worried her husband even more than he was already. I know that it is held by some people that tears are a good thing. However, surely it is bad to induce them in public, so adding to the discomfiture of a person who is probably distressed already?

There were few patients who were not affected in some way. I know that it always brought out the worst in me. One of the doctors once asked me if I thought ward meetings were like vivas. (I am a graduate in an allied medical profession and so I am used to vivas.) I told him that ward meetings are much worse than vivas. In vivas I could give the right answers, in meetings I never could. I quite appreciate the need for a regular team meeting. It is obviously necessary to coordinate treatment and review progress. However, I see no point in having the patient there. I asked the doctors the purpose of having such a meeting, and they seemed to have no concept that there is anything traumatic in it for the patient. It is not very pleasant for one woman to be asked about the regularity of her intercourse with her husband, in front of a whole lot of strangers. In fact one might call it degrading. Many of the nurses agreed with me that they would not like to go through a ward meeting themselves. I know I never told the consultant anything of significance during the meetings. Our encounters were often stormy, yet I would readily talk to him in private.

There is presumably some theory to support this type of meeting. I would be interested to know how they can be justified, as I cannot see any therapeutic value in making a patient more unhappy than he is already.

AN EX-PATIENT

(Name withheld by agreement)

A CORRECTION

In the article 'Non-accidental Injury in Children' by the late Peter Scott (*Journal*, October 1977 **131**, pp 366–80), Table I showed N.E. Wiltshire to have a population of 2 million rather than 200,000 (one-fifth of a million); furthermore, the rate of battering in the Leeds and Manchester Metropolitan Districts should have been 1·12 new cases per thousand children under 4 years old per year, not 12 new cases per 1,000.

https://doi.org/10.1192/S0007125000283220 Published online by Cambridge University Press