

benzodiazepine, is structurally different from the majority of other benzodiazepines, and thus possesses a different toxicity profile and spectrum of action. It has powerful anticonvulsant properties which can be usefully used in the management of difficult to control epilepsy, and its anxiolytic properties are associated with minimal effects on psychomotor and cognitive function.

It is on account of such misleading statements that have been published in the *Bulletin* that patients with epilepsy find it difficult to get their appropriate medications, and benzodiazepines generally have been all tarnished with the same brush. This is entirely inappropriate, not the least reason being that it narrows the debate in psychiatry to the area of anxiety only, without recognising the biological underpinnings of the neuroses and the overall spectrum of neuropsychiatric illnesses within which psychiatric conditions may be viewed.

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DEAR SIRS

May I add my support to the letter of Peter Dally (*Bulletin*, June 1988) on the College statement on benzodiazepines and dependence. It is difficult to make general statements which are universally applicable and those who feel that they have reason to prescribe any particular drug feel very vulnerable if there is an official publication from their elected representatives advising them not to do so.

I do not wish to enter into a debate into the particular merits or demerits on a whole class of drugs so much as to regret a situation whereby responsible colleagues are put at great hazard for doing what they have sensitively and competently considered to be appropriate. It is the more unfortunate where it is not a prescient caution which is being given, but simply one which amplifies the difficulties created by an increasingly litigious public and their vociferous legal advisers.

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Training implications of the move towards community oriented treatment

DEAR SIRS

The College has recently set up a Working Group to report on the training implications of the move towards community oriented treatment. The membership includes the Dean and representatives of the Education Committee, Manpower Committee,

JCHPT, CTC and Social and Community Psychiatry Section. We hope to base our report on a wide body of information and opinion, and we should be interested to hear from any of your readers who have experience in this area or who wish to draw particular issues to our attention. Correspondence could be addressed to me at the College and would be most welcome.

DAVID JULIER

Sub-Dean

A 'domiciliary' visit

DEAR SIRS

I would be grateful for the guidance of some of your more experienced readers on an extremely tricky point of psychogeriatric practice.

I have been asked by the local authority to make a 'domiciliary visit' to an elderly man who is normally to be found, asleep or awake, in the ticket-hall of Camden Town Tube Station. It is proposed that he should consult me (or I him) *in situ*, he having appeared to express some unwillingness to move elsewhere. My dilemma is whether Camden Town Tube Station (hereafter to be referred to as CTTS) is a 'domicile' or 'place' within the meaning of my Terms and Conditions of Service; I have read these carefully and can find no specific guidance on the matter.

It could be argued that CTTS is undoubtedly a 'place'. By contrast, for example, were the patient to embark upon a journey by the Northern Line at any time during the consultation, he could not then be said to be occupying a 'place' and therefore any part or parts of such a consultation that took place during such a journey could not, *ipso facto*, be said to constitute a 'domiciliary visit'.

Again, it could be argued that, to all intents and purposes, CTTS is *for the time being* the domicile of the patient. On the other hand, it could be said that for CTTS to be regarded as the legal and therefore the true domicile of the patient there would have to exist a formal tenancy agreement between the patient and the Station Manager, and I understand that no record of such agreement or contract can be produced.

Finally, will London Transport pay my domiciliary fee? These are serious questions requiring answers.

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PS. Anyway, when I arrived he had moved – to the foyer of Barclays Bank opposite, which he finds more secluded.