

The methodological problems of designing such studies are considerable. Selecting criteria for the control condition is particularly difficult. 'Standard hospital care' has been used in a number of studies but, as Braun *et al* point out, this differs greatly from place to place and is extremely difficult to characterize. Defining the patient population studied is no easier. Diagnosis is a very poor predictor of disposal. Some workers² have used a psychiatric opinion that the patients 'required admission' as a key criterion for admission to the study, but there is evidence that this is far from reliable. For example, Mendel *et al*³ found that it depended on the experience of the doctor making the decision and whether the patient arrived at the clinic after hours. Feigelson *et al*⁴ found that it depended on the facilities and staffing of the emergency clinic. The patient's clinical state is far from being the only factor that determines the judgement that the patient requires admission. Also, there have been two studies in which patients judged to require admission have been randomly allocated (with very few exceptions) to treatment in hospital or at home,^{5,6} and in both studies most of the patients allocated to home were treated there successfully. This further questions the usefulness of the criterion.

It will be a long time before we are able to allocate patients to in-patient, out-patient, or day care according to well-researched criteria. Until then it will have to be done intuitively. I suggest that the careful study of the factors that influence those intuitive decisions may suggest better ways of selecting patients. That would be an important step towards answering some of the pressing questions Mr Vaughan raises.

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DEAR SIR

Whilst we agree with Mr Vaughan's (*Bulletin*, October 1983, 7, 184–5) wish for more planned research and evaluation in the field of day care, we find the negative viewpoint of this article disturbing. There are to be found in it the same sweeping generalizations and untested assumptions of which he is so critical, and one is left wondering what Mr Vaughan actually wants from day care.

On the one hand, Mr Vaughan criticizes the fact that day hospitals have developed in a diverse way, but then in conclusion praises the flexibility and uniqueness of day care. We would hope that this diversified range of services provided by day hospitals reflects the need of a particular community and patient population, rather than the ideas and personality of an omnipotent consultant.

Mr Vaughan feels that it is unfortunate that few day hospitals include the patient's family in the treatment process, but continuing in the vein of his article, what evidence has he to show that this would be beneficial? Of course, in the real world one tries to involve the family as much as is possible, but we cite this as an example of the confusion provoked by the article.

As nurses, we find his assumption that 'nursing staff transfer into day settings and simply bring institutional ideas with them' particularly insulting. It is this kind of sweeping generalization which does further damage to working relations between Social Services and health service staff and is demoralizing to nurses. Is he not aware of the fact that nurses in their training have had their theoretical knowledge and work experience in day care and community settings increased, as laid down by the UKCC? Furthermore, when qualified it is a positive decision for a nurse to move into day care. This move can be taken as a rejection of those same institutional ideas which Mr Vaughan claims nurses carry with them. Is he also aware of the ever increasing qualifications and experience required of a nurse for a post in day care? It seems not.

From his article it would seem that Mr Vaughan is unhappy about the way in which day care has developed and how its continuation is likely to be haphazard. Perhaps it would have been a more useful exercise for him to make positive suggestions on how the difficulties presented by the current system to researchers, could be overcome, rather than casting an air of pessimism over the day care services.

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Impressions of a locum at Belgrave Square

DEAR SIR

Throughout September 1983 the *British Journal of Psychiatry* was without an editor, and I was informally asked to be Acting Editor. The work was interesting and