Court for the nomination of a nearest relative should then be considered.

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I am grateful to Ms Carol Thomas for advice about the Mental Health Act.

Central monitoring of clozapine

DEAR SIRS

McGilt & Anderson (*Psychiatric Bulletin*, July 1992, **16**, 450) wonder if patients established on clozapine might eventually move to having their blood monitored by the local haematological service. In fact the Germans already do this as each clinician takes responsibility for his/her own monitoring. However, many Germans do not believe that clozapine is more risky than normal psychotropic drugs with regard to neutropenia and also that they use, in general, lower doses of clozapine and mix clozapine with conventional psychotropics.

I feel, as we have now nearly 50 patients who have commenced clozapine and two red alerts, that central monitoring is essential. One reason is to keep track of red alerts and ban the transient patient from being re-exposed, which could prove fatal. A second reason is that the Clozaril Patient Monitoring System (CPMS) has all the registered cases on computer analysis to enable early warning signs to be picked up. This may lead to more false positive neutropenias and increase the number of red alerts, but I think that the UK service is probably the safest in operation.

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Telemedicine child psychiatric consultations to under-serviced areas

DEAR SIRS

I would like to offer a brief report of a Canadian experience using telemedicine to offer child psychiatric and family assessments between the University of Western Ontario, London, and Woodstock General Hospital, Department of Psychiatry, using an interactive television link.

Weekly psychiatric consultations took place via the interactive television link between November 1984 and August 1985. This involved a child psychiatric team of a psychologist, social worker, psychiatric nurse and child psychotherapist, and myself acting as a consultant. New case assessments often combined with crisis interviews and follow-up reviews took place on a weekly basis. Approximately every fourth week, an on-site visit allowed me to conduct an assessment with the team in person. While no patients or families refused involvement, there was a consensus between both patients and staff that live interviews are superior.

What was lost? While technically feasible to interview individuals or families, valuable diagnostic information was lost, e.g. unavailability of split-screen techniques prevented simultaneous views of the individual and family. Secondly, significantly less hypothesis generating took place among team members than during an on-site assessment. Thirdly, team members and patients experienced an "emotional distance" with the consultant in comparison to face to face contact. Thus while on-site visits were important in establishing rapport and developing team cohesion, they also appeared to contribute towards a negative attitude within team members towards the television link.

What was gained? The link provided adequate clinical assessments of a routine and crisis nature with a 50% reduction in the consultant's time because of reduced travelling when compared to on-site consultations. Patient acceptability was generally high.

In Ontario, and throughout Canada, there remains a severe shortage of specialist psychiatric consultation for the northern regions of the province. The use of telemedicine links with established psychiatric teams could allow the regular input of specialist psychiatric consultation without the need for the extensive travelling time. These services might combine with the presence of an on-site psychiatric resident, supervised by the psychiatric consultant via telemedicine link, who would become a member of the on-site team. This would also serve the function of exposing consultants-in-training to a first-hand experience of rural conditions while providing them with adequate consultant supervision. Hopefully, some of them would become interested in making a more permanent commitment to rural practice.

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Reactions to pregnancy: exacerbated by sexual abuse?

DEAR SIRS

I read with interest Dr Neilsons' account of her pregnancy (*Psychiatric Bulletin*, July 1992, **16**, 442–443). For four of my patients, with bulimia nervosa and a history of childhood sexual abuse (CSA), news of my pregnancy had marked repercussions.