the children and screening devices such as the General Health Questionnaire for adults, patients are asked to return the forms to the clinic. They are then allocated an appointment date. While having significantly reduced no-show rates to less than 1%, this device has also enabled "low motivation" or "crisis orientated" referrals, which make up approximately 25% of overall referrals, to be selected out.

Straightforward screening approaches such as these may be particularly important if my observations are reproducible in other clinical settings, as Dr Wood's article suggests that psychiatrists' ability to predict "no-shows" would appear to be extremely poor indeed!

LAURENCE JEROME

279 Wharncliffe Rd-N.
Suite 210
London, Ontario N6H 2C2
Canada

Columbus' egg

DEAR SIRS
Welcome, Italians, to the world of computer interviewing! Dr Stratta and colleagues encountered great difficulties in applying their computerised general health questionnaire (correspondence *Psychiatric Bulletin*, January 1992, **16**, 46–47). Perhaps the reasons for their failure are not hard to see?

Patients' attitudes to a computer interview are greatly affected by the status of the person who introduces them to the computer (a GP had much more success than his nurse: Dove *et al*, 1983). "Interactive" interviews, where the computer appears to make conversation with the patient, have been shown to be very acceptable, more so than straight questionnaires. Also, patients particularly appreciate being able to conduct the computer interview in privacy at their own speed – it is unfortunate that Dr Calvarese remained present during the Italian interview. Finally, a computer "training session" at the beginning of the procedure is essential. Our *Assessor* and *Elicitor* interviews have now been used on thousands of patients without difficulty: for several minutes at the start of the interview the computer trains the patient on the use of its keys, and checks for his comprehension. If he does not understand, further examples and exercises are repeated.

I am grateful to Dr Stratta and colleagues for reminding us that automating a questionnaire is not a simple procedure.

A. C. CARR

Reference

DOVE, G. A. W. *et al* (1977) The therapeutic effect of taking a patient's history by computer. *Journal of the Royal College of General Practitioners*, **27**, 477–481.

Creation of The Royal Free Trust

DEAR SIRS
We have learnt from recent experience that what is known in Trust jargon as "disaggregation of assets" can be extremely complicated and disruptive to staff. In our case, the creation of The Royal Free Trust resulted in a situation where four parties: the Royal Free Medical School, University of London; the Royal Free Trust; Hampstead Health Authority; the Tavistock and Portman Clinics Special Committee, found themselves engaged in the unravelling of complicated funding arrangements about an academic and research post. The subsequent Trust moves and "disaggregation" caused substantial difficulties, and so I am writing to warn colleagues, whose institutions may have similar arrangements, to take the greatest care over contracts and finances in this area, preferably before the inevitable disruption occurs.

ANTON OBHOLZER

The Tavistock Clinic
London NW3 5BA

Music therapy

DEAR SIRS
As a Registered Music Therapist I found the article 'Music Groups for Psychiatric Patients' (Brown & Schofield, *Psychiatric Bulletin*, 1991, **15**, 349–350) most encouraging in its humane and creative approach. I too have seen how music may be the one avenue of communication for those who are withdrawn and unhappy and those who are dementing.

There were, however, three points on which I take issue:

(a) *The comment that music therapy is non-analytical.* Many practitioners do work non-analytically but there are others whose work is based on psychodynamic principles.

(b) *The comment that music therapy is non-verbal.* My work focuses on counselling techniques in which significant music is used to facilitate the resolution of blocked grief, using a combination of music, familiar and improvised, with verbal interaction to achieve a positive outcome. The use of words is, for some patients, crucial. Music assists in this process, e.g. when a song associated with a lost relationship gives the person "permission" to do emotional griefwork and then talk through, as a cognitive strategy, the reasons why the blockage occurred.

(c) *The remarks about universal perception of major music as happy, minor music as sad, and the "instinctive" nature of this response.* My recent research on cultural aspects of music therapy