experience or point of view not readily obtainable in this part of North America.

Each hospital is able to offer a reasonable consultant fee to help defray expenses. The amount we can offer does not, of course, cover expenses of travel from Britain to the West Coast of North America but were a consultant to visit four or five of our hospitals for training purposes the combined fee offered would cover the expenses from say New York to the West Coast. I am interested in making contact with any members of the R.M.P.A. who might from time to time be coming to North America to lecture or attend conferences, in order to explore the possibility of using them in our training programmes. May I, through your columns, request that any member who may be planning such a trip, and who may be interested in coming on to California to lecture, contact me so that we may see whether we can work out mutually satisfactory arrangements.

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ORDER IN THE MEDICAL RECORD

DEAR SIR,

The system and arrangement of medical records described by Dr. Garrow and his colleagues (1) has been in use at this psychiatric hospital since 1962, when in other respects I tried to bring our medical records into line with local general hospital practice (2). At that time it was possible to provide separate mount sheets of a size and a shape suitable to take the pathological or X-ray report forms respectively, either of our own or of any local general hospital. This was important because we also adopted their system of using the same continuous record, whether the patient was in hospital or attending out-patient clinics, many of which we hold at local general hospitals.

The present plan to standardize medical records throughout the country seems to provide an opportunity however to suggest an extension of this mount sheet system, for psychiatric records in particular. I would like to see such sheets available, on the one hand to group together what might be called patho-psychological reports (i.e. psychological, social, occupational, etc.) and on the other what might be termed electrophysiology perhaps (EEG, E.C.G., E.C.T. and possibly electromyography, e.g. in benign myalgic encephalomyelitis (3)). These two additional categories of mount sheet would help to produce both compactness and psychosomatic balance in psychiatric if not medical records in general.

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FOREARM BLOOD FLOW

DEAR SIR,

In discussing our paper (Harper, Gurney, Savage and Roth, 1965), Kelly (*Brit. J. Psychiat.*, October, 1965, page 1012) remarks that we found a negative correlation between forearm blood flow and age. It is true that the obtained correlation was $-\cdot29$, but we were careful to state that this correlation was not significant.

Looking at Hellon and Clarke's diagram Figure 1, page 3, it seems as if the regression of blood flow upon age may be curvilinear. From this diagram we have calculated the correlation between upper forearm blood flow and age and this is $\cdot48$. However, even on Hellon's sample, this correlation is reduced to $\cdot16$ when only ages below 40 are considered. The mean age of our material was 33 years. Thus there is no discrepancy between our data and theirs, for the same age range, though Hellon's 40+ group did show a significant relationship between age and forearm blood flow.

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