

## Morbid jealousy and the butcher

*Sir,*

This case reports an interesting case of morbid jealousy. A 25-year-old recently married Caucasian man working as a butcher was admitted under the Mental Health Act for having repeated suspicions about his wife's fidelity for 6 months and acting upon these by being aggressive both verbally and physically towards her (Shepherd, 1961). He was well previously and had never misused alcohol and drugs.

Physical examination did not reveal any abnormality. A provisional diagnosis of new variant Creutzfeldt–Jakob disease (CJD) with secondary morbid jealousy (Zeidler et al, 1997) was then made. Full blood count, biochemical profile, liver function test, thyroid function test, glucose, standard test for syphilis, serum vitamin B<sub>12</sub> and red cell folic acid, autoimmune screen, chest X-ray, electrocardiogram, computed tomography scan (brain) and electroencephalogram were normal. CSF analysis revealed raised protein levels (0.57) (normal value 0.1–0.4) but with normal glucose and no leucocytes or organisms on the culture. Lumbar puncture was positive for protein 14-3-3 (Harrison, 1997). Magnetic resonance imaging showed high signal in the thalamus.

Within 3 months, neurological symptoms such as ataxia and weakness developed in his legs and he was unable to walk without assistance (Fleminger and Curtis, 1997). Subsequently he needed 24-hour nursing care.

After 8 months in hospital, he died. Post mortem brain biopsy showed that he had new variant CJD.

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## Physicians assistants as teachers?

*Sir,*

Roberts et al (vol 65(5), 2004, p. 298) describe a pilot scheme for the use of physicians assistants at Whipps Cross Hospital where one of their roles is to help busy doctors by doing routine organizational tasks and minor procedures, such as cannulation and catheterization.

Their audit of junior doctors identifies that some (possibly their consultants as well) feel they might be 'deskilled' by this. The authors suggest that the appointment of a clinical skills facilitator with a training programme could address this issue.

However, some of our medical students have pointed out that physicians assistants can be excellent teachers with great expertise in a small number of procedures. They have provided teaching in the clinical setting which has sometimes been better received than clinical skills teaching. Unfortunately you can't please everyone.

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## WDCs: have they made a difference?

*Sir,*

John Sargent's editorial (vol 65(6), 2004, p. 324) provides a useful description of the role of workforce development confederations (WDCs) and illustrates the important contribution they have made. However, as he pointed out in his conclusion, the landscape has now changed and WDCs have been integrated into strategic health authorities (SHAs).

In order to sustain the achievements that have been made to date, SHAs will need to focus on three key workforce-related activities.

First they will need to develop an integrated process to support planning. This will require a real three-way approach which takes into consideration the sum of, rather than the individual impact of local financial constraints, possible service developments and the current and future workforce. It will also require SHAs to work collectively to ensure coherence at a national level.

Second, SHAs will need to continue to involve local partners both within and outside the NHS in workforce planning and development. This will facilitate a better understanding of the health-care workforce outside the NHS. It will also support greater sharing of good practice and benchmarking against other organizations.

Last, SHAs will need to ensure that pay reform, workforce modernization and new ways of working are implemented at a local level. Over the past few years WDCs have funded a range of exciting and innovative workforce development projects. As with many new initiatives these have often been relatively small in scale, driven by enthusiastic champions. There are a number of challenges the SHAs now face:

- Evaluating which projects truly add value
- Increasing the spread
- Developing staff with transferable skills
- Maintaining the momentum as the original project teams move on.

Clearly there is much to do, however, with the commitment and engagement of their staff, SHAs are well placed to take forward the work started by WDCs. This will help to ensure that local organizations have a workforce that truly supports their local needs.

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