

IV. *Experimental enquiries in animals*

Effects of drugs on biogenic amines in the brain of the rat.

Investigation of the mechanism of colour change in the scrotum of the vervet monkey (jointly with Inveresk Research International).

V. *EEG studies*

Computer analysis of samples of overnight EEG in various psychiatric disorders.

EEG in psychiatric disorders of childhood (see Section II).

CORRESPONDENCE

NEEDS OF THE MENTALLY HANDICAPPED

DEAR SIR,

I concur with much of what Dr. K. A. Day has stated in his letter (*News and Notes*, April 1974) prompted by the conference on the future role and responsibilities of the specialist in mental handicap, at which I had the privilege of being allowed to speak. As a specialist in mental handicap I would not claim that mental handicap is primarily a medical responsibility. But until relatively recently educationists did not want to know the severely subnormal child, who was 'excluded' from schools, and psychologists and social workers did not wish to work in the average hospital for the mentally handicapped. The mentally retarded were made a medical responsibility because other services lacked the willingness, ability and facilities to provide for them and relieved themselves of responsibility by consigning them to medical care. The very small number of doctors who have specialized in mental handicap can hardly be said reflect a burning desire of the medical profession to take over this problem.

Three or four aspects of mental handicap remain indisputably medical and call for sufficient expertise to warrant special practice, study, experience and research in this subject. The first is the question of the prevention of mental handicap, which must be an ultimate if ideal objective and can be achieved only through the application of medical science. Second is the need for medical assessment, not only of the

child but of the adults in the community, many of whom are sooner or later referred to the hospital service. Thirdly, there is the management and treatment of those behaviour disorders in the mentally handicapped which are the barriers to their acceptance and successful adjustment in their homes, schools, work centres, hostels and the community. Fourthly can be added the correction and treatment of physical disability and infirmity.

The assessment of the mentally handicapped child may well be regarded as a paediatric prerogative, but most specialists in child health agree that it requires skills and knowledge additional to those of the general paediatrician. The assessment and psychiatric treatment of mentally handicapped children and adults might well be done by child and general psychiatrists, although in many centres these specialists are glad to use the criterion of an IQ below 70 as a justification for disclaiming any long-term responsibility for these patients.

The specialist in mental handicap and the hospital for the mentally handicapped accept those whom others reject because those others lack the understanding, ability and facilities to help this group of people. These specialists and these hospitals will continue to be needed for as long as they can offer a service which is not available elsewhere.

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FORTHCOMING EVENTS

University of Leeds, Department of Psychiatry

An intensive course for Part 2 of the M.R.C.Psych. will be held at the Department from 21 to 27 September 1974.

Instruction will be mainly by tutorials and practical clinical work with special reference to psychotherapy, general and child psychiatry. A reading list will be sent to those accepted; they will be expected to cover these before entering the Course.

The Course will be limited to 28 candidates. Fee is £40. Residential accommodation, if desired, will be available at extra cost.

Applicants should send a brief curriculum vitae, stating (if they wish) what they consider the weak points in their knowledge and experience and the topics on which they would like special help. Applications should be sent to Mrs. J. M. Brierly, Dept. of Psychiatry, 15 Hyde Terrace, Leeds, LS2 9LT (Tel.