rights of the mentally handicapped which is the real achievement of Sweden and Denmark.

The recent exposure of serious inadequacies in services for the mentally handicapped in this country has rapidly drawn attention to the more fundamental question of their appropriateness. The present degree of political and public interest in the problem of mental handicap provides a unique opportunity to establish a service better suited to the needs of the mentally handicapped and their families than is the present one. In grasping this opportunity we must not ignore the growing body of practical evidence in favour of a social rather than a medical model of care for the severely as well as the moderately and mildly handicapped.

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QUERIES FROM A DISTRICT PSYCHIATRIST

Dear Sir,

The following are questions which have been much in my mind for some time. I should be grateful if any of your readers would care to comment on some or all of them:

1. Morbid anger (unlike morbid anxiety, morbid depression and morbid elation) does not appear in psychiatric texts as a separate entity under the rubric of affective disorder, although it is generally admitted to be a potent psychopathological force. Should paranoid states be classified as affective disorders rather than schizophrenic ones?

2. In a case of shoplifting, how do you distinguish between obsessional impulse and failure to resist temptation? In these enlightened days of open door hospital management and the community care of mental illness, to what extent should psychiatric patients be considered subject to the usual forces of law and order, inside hospital and out?

3. It has been suggested that death by suicide in the course of mental illness should be certifiable as due to natural causes such as depression, in most cases without an inquest. What should happen in those comparatively rare instances of chronic mental disorder which are associated with determined suicidal intent using methods involving the safety of the general public, e.g. moving vehicles? Is it humane, or 'officiously striving to keep alive', to nurse such patients indefinitely in secure wards or hospitals?

4. Does readily available termination of pregnancy discourage the development of a sense of responsibility towards contraception? What should the medical profession's attitude be in this respect? Are there analogies perhaps to be drawn with toilet training, elementary hygiene and sanitary consideration for others? Can unsatisfied parental instincts (arising from a policy of population control) be satisfactorily displaced on to, or sublimated in, a general renaissance of interest in ensuring the future of our vulnerable and fragile cultural inheritance?

5. Allegations that consent to treatment was not properly obtained feature not uncommonly in claims for damages against members of the medical profession. How do you explain to a patient whom you are advising to have: (a) ECT; (b) a leucotomy the nature and purpose of these measures, and give him a sufficient understanding to enable him to exercise a choice in the matter? A patient who clearly understands the nature and effect of the treatment he requires for acute appendicitis to which he agrees, persistently signs the form of consent to operation 'Napoleon Bonaparte'. What is the correct procedure in these circumstances?

6. Should those who win or inherit fortunes of a size or complexity beyond their capacity to manage properly have their affairs put into the hands of the Court of Protection? Should the law be changed to enable this to be done?

7. How do you distinguish between clairvoyance and hallucination, thought transference and passivity feelings, pre-cognition and *avant vu*?

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WOMEN AND THE MEDICAL ASSISTANT GRADE

Dear Sir,

The publication in *News and Notes* for November 1974 of the Survey of Opinion on the Retention of

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