this system without binding up his patients in strait-waistcoats his imitators will not be long in returning to all the barbarities of the past.

Letter: 15 August. From Dr. Simpson, York Lunatic Asylum [now Bootham Park]

Although personally acquainted with Dr. Hill I am not aware that he has seen your article [Dr. Hill was not a member of the Association] . . . I yield to none in an unqualified abhorrence of the barbarities into which restraint had degenerated; but it appears unreasonable to charge upon the *principle* the abuse into which it may degenerate in the hands of the injudicious, the unskilful or the inhumane.

If we consult science, we shall find that the greatest *boons* to mankind have not infrequently been converted into the greatest *curses* through their abuse by the unskilful or the malicious—instance, in therapeutics, the use and abuse of mercury.

Where a patient threatens his own life or the lives of those around him, or is destructive of everything within reach, or is given to foul and loathsome habits, are we to shrink from *painless* restraint, absolutely and for ever because of the chains and shrieks of a by-past age?

The spencer, which we use, is not a strait-waistcoat; it does not secure the arms across the chest, nor oppress the breathing. It obviates the *worst* form of restraint, *human* coercion, but does not deny the blessings which social intercourse may effect even in aggravated cases . . .

Editorial: 15 August

We differ entirely from Dr. Simpson, and believe that the principle of mechanical restraint is bad, and that the practice is always unnecessary and mischievous; it can never be of use and therefore can never be correctly said to be abused . . . Principles and theories embodying them are alone worth fighting for, and we do not number ourselves among those who on the question of slavery can be ardent abolitionists in America and contemplate without repugnance the Russian serf doomed to remain for ever an agricultural chattel. If the principle of using mechanical restraint is bad, it is as bad under the 'spencer' as under the chains of Bethlem . . . We called the spencer 'an euphonious name for the strait-waistcoat'; it appears that it is some modification, like the 'vest' and the 'camisole'. An ordinary spencer is a greatcoat without tails, worn by old gentlemen who affect quaintness and comfort in their costume . . .

Not many years ago the discipline of the army was maintained by the unsparing employment of the cat-o'-nine-tails, and everyone believed it was essential and a 'boon' to military humanity. Now, non-flogging regiments comprise a large proportion of the army, and where it exists the commanding officer is marked as negligent or brutal. Flogging the soldier and strait-waistcoating the lunatic have much in common; the most pernicious quality of both lies not so much in the suffering they occasion as in the degradation of humanity which they exhibit.

Review of Eighth Report of Commissioners in Lunacy, 1 October

Appendix G of the Report includes the communications returned by the medical men in charge of asylums to a circular on the subject of restraints and seclusion. Many of the communications which still advocate the use of restraint do so in timid, apologetic terms, proving how ashamed the writers are of their causes; they sink into insignificance when balanced against the testimony and strong opinion against it expressed by nine-tenths of the medical officers of public institutions. The Commissioners themselves designate restraint as unnecessary and injurious, and say that the possibility of doing without it is in the vast majority of cases a mere question of expense.

UNIVERSITY DEPARTMENTS

University of Glasgow
Department of Psychological Medicine

Current research:
Psychiatry

1. The psycho-social sequelae of severe brain damage.
2. Treatment of depressive illness with biogenic amine precursors.
3. Aspects of monamine metabolism.

Clinical psychology

1. Psychophysiological correlates of personality.
2. Some aspects of memory function following severe head injury.

Research in the Department of Psychological Medicine
University of Newcastle upon Tyne

Enquiries are in progress into various aspects of the psychiatry of adults, children and the elderly.

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I. *Adult psychiatry*

Affective disorder

Enquiries into the classification of anxiety states and depressive disorders.

A controlled trial of phenelzine in the treatment of agoraphobia, anxiety state and neurotic depression. Incorporated in the trial is an examination of the biochemical correlates of the disorders studied and of the changes in phenelzine and placebo groups and of responders and non-responders. The clinical observations are also being utilized in an attempt to clarify certain issues in classification.

The development of improved descriptive and discriminating scales for anxiety states and depressive illness.

A clinical study of the nosological and aetiological aspects of phobic disorders (jointly with the Department of Psychiatry at Oxford).

A twin study of common phobias and touch aversions.

A double blind sequential cross-over trial of oral thyrotrophin-releasing hormone in depressed patients (jointly with the Department of Medicine, University of Newcastle upon Tyne).

Schizophrenia

Psychiatric morbidity in the parents and siblings of schizophrenic, neurotic and 'surgical control' patients.

Prevalence of physical disease and deformity in schizophrenic, schizophreniform and affective populations, comparative studies.

A comparative investigation into sensory defects in the paranoid and affective psychoses of the middle-aged and elderly (jointly with the Departments of ENT Disease and Ophthalmology, Royal Victoria Infirmary).

Psychosomatic disorders

Correlation of physical findings, psychiatric features and laboratory observations in patients attending a thyroid clinic with suspected hyperthyroidism (jointly with the Department of Medicine, Changes induced by antithyroid drugs in the psychiatric status of patients iwth hyperthyroidism (jointly with the Department of Medicine. A double blind controlled trial of Lorazepam in patients with gastro-intestinal disorders.

Epidemiological enquiries

An epidemiological investigation of suicidal behaviour in Newcastle upon Tyne.

The relation of season of birth to psychoses and neuroses (jointly with the Maudsley Hospital).

A follow-up study of the psychiatric sequelae of severe head injury.

The standardization of descriptions of premorbid personality by patients' relatives.

II. *Child psychiatry*

Being born too soon or too small: cognitive, educational and physical development, psychological, behavioural or neurological sequelae; parental attitudes and reactions.

The later development of speech retarded children and of deaf children.

Psychological study of children with spina bifida.

Electively mute children.

Patterns of ward consultation in child psychiatry.

Dimensions of behaviour and temperament in infant school children.

School phobia and depression.

Epidemiological survey of unmanageable boys.

Aggressive boys—a clinical study.

A parental attitude rating inventory.

Operational research into maladjustment.

Follow-up of children with serious psychiatric disturbance.

Re-look at the parents of autistic children.

Telemetric EEG studies in psychiatric disorders of childhood.

III. *Geriatric psychiatry*

Evaluation of the results of early ascertainment of psychogeriatric disorders.

Evaluation of the functioning of psychogeriatric assessment units.

Comparative studies of neuroses of old age of 'late' and 'early' onset.

The Newcastle community cohort study—a random sample of 782 patients: Investigation of association of physical illness, bereavement, retirement with psychiatric disorder. Attempts to develop predictive indices for dementia and mortality.

Met and unmet needs of psychogeriatric patients in the community.

Enquiries into correlations between measures of dementia during life and quantitative measures of cerebral degeneration at post mortem, including automated counting of neuronal and glial cells (jointly with Department of Neuropathology).

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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.

D. A. SPENCER.

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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.

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