the hope of severing a partly cut off tissue or by cutting the tube and allowing the trapped specimen to slough off so that eventually the capsule may be recovered in the faeces. With the tubes designed by Brandborg *et al.* and ourselves the knife movements are controlled at all times by the pull-wire, and thus any nipped mucosa can be released without trouble.

To summarize, we believe that a smaller biopsy aperture, carefully controlled use of negative pressure, and indirect control of the movements of the knife make for safe biopsies. With our own child's-size biopsy tube no complications were encountered in 104 successful child biopsies.

The investigator has therefore to choose between safety on the one hand, and simplicity of method and perhaps technical superiority on the other hand. Small intestinal biopsy in children must be regarded as a specialized procedure and requires skill and knowledge of technique, whatever method is used. We believe that the pull-wire tubes should not be discarded in favour of the Crosby-Kugler tube, especially in paediatric work. They could certainly be improved technically. Would any paediatrician be interested in trying?—I am, etc.,

London N.W.10.

MARGOT SHINER.

REFERENCES

- ¹ Brandborg, L. L., Rubin, G. E., and Quinton, W. E., *Gastroenterology*, 1959, 37, 1.
- ² Crosby, W. H., and Kugler, H. W., *Amer. J. dig. Dis.*, 1957, 2, 236.

Psychiatric Units in General Hospitals

SIR,—Dr. H. S. Capoor's letter on psychiatric units in general hospitals (August 17, p. 443) is of great interest, and I felt it might stimulate discussion and inquiry if I constructed, on the replies to the questionnaire, the profile of a model unit of this kind, founded on the majority opinion on each item.

The model unit would be sited either in a wing of the general hospital or in a separate building. The number of beds would be between 15 and 80, under the supervision of one or two consultants, for a population of 100,000. The ratio of male to female beds would be two to three. There would be no security arrangements. Patients of both sexes would be mixed for meals, occupational therapy, and for social and recreational activities. Day hospital accommodation would be provided in the same hospital, either as part of the in-patient unit or separately. Facilities would be available for electroplexy, modified insulin, abreaction, and group therapy. A day nursery would be provided for the use of patients with pre-school children, and facilities would be provided for the admission of puerperal patients with their infants. Out-patient clinics would be held in the unit. Informal patients and patients under Section 29 or 25 would be eligible for admission. Stay would be limited to three months. The nursing staff would be mixed, student nurses from the

general hospital spending three months, and nurses from the psychiatric hospital six months, in the unit. The medical administration would be the responsibility of a consultant attached to a psychiatric hospital; medical, nursing, and ancillary staff would rotate or interchange between the psychiatric hospital and the general hospital unit.—I am, etc.,

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Psychiatry and the Law

SIR,—May I as a psychiatrist who is engaged in the treatment of offenders be allowed to comment on Lady Wootton's address on "The Law, the Doctor, and the Deviant" (July 27, p. 197)? I entirely agree with all her criticisms of the state of the law regarding "diminished responsibility." If this concept has a meaning it is a purely moral one on which psychiatry has nothing whatever to say. Psychiatrists as humanitarians may feel strongly about the problem but nothing in their training permits them to make *ex cathedra* declarations about it. I must agree also that psychiatrists themselves are to blame for the present muddle. The difficulty is that psychiatrists tend to be looked up to as oracles by the general public and it is most tempting when asked for an opinion to make an oracular pronouncement.

In my view psychiatry has very little to say about the guilt or innocence of a person before conviction. I think however that we have a role to play with convicted offenders. We are often able to clarify for the magistrates some of the complex factors which lie behind the committal of any individual offence. As a member of a psychiatric team working at a boys' remand home I have the opportunity to discover much about the individual which is germane to his offence, and much more which is relevant to his general wellbeing and which the magistrate can incorporate into a humane decision about his future. I am also asked for an opinion as to the best method of treatment. Here clearly my role as a psychiatrist comes into juxtaposition with my role as a member of society. I do not find any real conflict in this since I am of the opinion that what is best for the boy is in the long run also best for society. In any case the ultimate decision is rightly the magistrate's and not the psychiatrist's.

On the occasions that I recommend psychiatric treatment my recommendation is conditioned not only by the degree of the offender's psychological disturbance but more particularly by his acceptance of his need for help and his willingness to receive psychiatric treatment. I happen also to work in a clinic which deals in the treatment of offenders and I do not regard my work here as being anything but medical; in particular, I do not see myself as being "an agent of the State—part of the machinery of law enforcement." The blame for this

muddle lies with the magistrates quite as much as with the doctors. Patients referred to this clinic come for the most part quite freely. Occasionally there is a "condition of medical treatment" written into their probation order, but I find such conditions a hindrance, and my first task in dealing with them is to explain that my concern is first and foremost with their own wellbeing, that I am no part of the machinery of law enforcement, and that if they do not wish for my help I do not feel under any obligation to give them treatment. The great majority of patients are then willing to agree that they have a problem quite apart from what society may say in the matter.

The treatment that I am able to offer—psychotherapy—is aimed at helping them to understand and cope with whatever problems they may bring and not to enforce any particular moral code, either my own or that of society. Unless there is free consent on both sides I would regard psychotherapy as meaningless. Some psychiatrists take a different view, but the one Lady Wootton quotes, Maxwell Jones,¹ until recently ran a unit for the treatment of psychopaths to which admission was almost entirely voluntary and the quotation which she lifts out of its context gives a false impression of his article.

Finally, I think that a vital question is begged in Lady Wootton's address. If we agree that psychiatrists should not dictate the treatment of offenders, then who should dictate it? There can be few who are satisfied with the present penal system on any count. Of course, "action is necessary for the protection of others," and it is nonsense to suggest that this notion has been dropped. The question is—what action is most expedient? On humanitarian grounds I am tempted to say that humane treatment is likely in the long run to produce better results than some of the crasser inhumanities that have existed in the past, but I am of course straying outside my psychiatric role.—I am, etc.,

London S.E.22.

H. M. HOLDEN.

REFERENCE

- ¹ Jones, M., *Brit. J. Crim.*, 1963, 3, 267.

Mental Retardation

SIR,—What used to be (and in some places still is) called mental deficiency has in recent years been called by so many names that it is time simplification and clarity were introduced. The pot boiled over with the passing of the Mental Health Act (1959). In this Act two terms were introduced—"severe subnormality" and "subnormality"—and subsequently the General Nursing Council adopted the term mental subnormality for its syllabus, examination, and certificate. But now the Ministry of Health has emphasized that the Act is concerned almost exclusively with compulsory patients, and it follows that the terms severe subnormality and subnormality are not applicable to the majority of our patients who are admitted