handicap. Families struggle on and hospital admission is sought when a crisis occurs. An earlier and closer psychiatric appraisal can anticipate family breakdown and incidentally obtain much valuable information for epidemiological studies and for the provision of services.

There will continue to be a place for a consultant specializing in the psychiatry of mental handicap. His future role will be much less hospital-based and biassed and will involve a wider commitment in the community and in health care management.

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DEAR SIR,

I have not always been in agreement with Dr. Alex Shapiro (*Journal*, May 1975, **126**, p. 481), but in relation to the recent correspondence with Albert Kushlick I must confess that Shapiro talks with that sad sense that is based on experience, especially sad when a once viable hospital provision (albeit with its defects) is allowed to 'grind to a halt. Compared with him Kushlick and Blunden, *Journal*, May 1975, **126**, p. 487) sound like singers in an opera composed in cloud-cuckoo land (presumably sited near the Elephant & Castle).

In Scotland, fortunately for the 'patient' and the parents, the hospital service is still preserved and even strengthened. From what I hear on my infrequent visits to the 'affluent South' the hospital service is in a state of rack and ruin with nursing figures in some hospitals 30 per cent under establishment.

The problem really relates to two different Government polices: (1) to separate Social Work from Health; and (2) to run down mental handicap hospitals before any adequate provision exists in the community. My own catchment population is something around 625,000 but the community based residential accommodation is 18 places (males only).

I have come back to the idea once favoured I think by the N.S.M.H.C., namely a single service for the mentally handicapped, centrally funded and analogous to the excellent service that existed in Northern Ireland until our present 're-organization'.

I know there are arguments against this (see T. D. Hunter, 1973), but as the split between health and social services seems likely to last 5, 10 or even 15 years I think we should seriously reconsider this concept of a single service, centrally funded, which would be quite outside the N.H.S. and the Social Work Services. For one thing, I think an imaginative jump like this might alter the trend in nursing and medical staff recruitment and, more important, offer some prospect for improved services to 'patients' and parents not in the year 2000 but perhaps even before 1980.

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TECHNIQUES OF PSYCHOTHERAPY WITH CHILDREN

DEAR SIR,

A technique of psychotherapy suitable for once-a-week sessions in Health Service out-patient clinics was described by Dr. Haldane last month (*Journal*, May 1975, **126**, p. 469). The psychotherapeutic method discussed was based on the work of Carl Rogers in individual and group therapy with adults. The application of Rogerian techniques to work with children has been developed and described among others by Axilene (1947).

For the past two years I have been applying Rogerian techniques in several residential child care establishments, one of them being the Church of England Children's Society unit for children who have experienced fostering or adoption breakdowns and who need a therapeutic programme before they can be introduced to another placement. Individual and group sessions are carried out and residential and field social workers have been introduced to Rogerian techniques through the in-service training programme. So far evaluation of the results is based on subjective judgements. During the operation of the unit there have been no failures in subsequent placements and children who came into the unit with signs of acute disturbance have all made adequate or satisfactory adjustments in their eventual long-term placement.

It is unrealistic to expect that more than a tiny minority of the 5,000 children a year dealt with by the Society could receive psychotherapy in Child Guidance Clinics or Young Persons' Units, due to the desperate shortage of psychotherapeutic time within the Health Service. But I have found that field and residential social workers have been able to develop a Rogerian psychotherapeutic skill in a way which would never have been possible with conventional psychoanalytically based psychotherapy.

Dr. Haldane refers to the dangers of the latter technique used without adequate training in work