the articles by Oliver *et al* and Altmeyer *et al.*[1,2] In the former, it is pointed out that physical restraint and psychotropic medication are freely used with self-injuring mentally handicapped persons in an English jurisdiction. In the latter, a Texas, USA study, physical restraints, psychotropic medication *and* behaviour modification techniques are used. It is hypothesised by Oliver that there is a shortage of local clinical psychologists in England capable of mounting individualised behavioural interventions. (Let him who is without sin cast the first stone!).

On her next visit to Ontario and Canada, I will be delighted to assist her in arranging a more rewarding itinerary, as well as initiating a dialogue about the psychiatry of mental handicap in both our countries.

BENJAMIN GOLDBERG

Mental Retardation
Developmental Disabilities Program
The University of Western Ontario
London, Canada

References

[1]OLIVER, G., MURPHY, G. H. & CORBETT, J. A. (1987) Self-injurious behaviour in people with mental handicap: a total population study. *Journal of Mental Deficiency Research*, **31**, 147–162.

[2]ALTMEYER, B. K., LOCKE, B. J., GUFFEN, J. C., RICKETTS, R. W. *et al.* (1987) Treatment strategies for self-injurious behaviours via large service-delivery network. *American Journal of Mental Deficiency*, **91**, 333–340.

Assessment of drunk patients

DEAR SIRS

Dr Kevin Healy's thoughtful contribution in the March issue of the *Bulletin*, and Dr Julius Merry's challenging one in the July issue, address an important issue for all doctors and nurses who see intoxicated patients. The patients have a series of wants. They also have needs which risk being unmet. These may be difficult to discern in the intoxicated state. To see such patients is to assess them. The assessment can be difficult, and sometimes dangerous. The intoxicated state can co-exist with any organic disease or injury and/or any psychiatric condition, and the assessor may be held responsible in a Court of Law for the assessment and the actions that were taken following it.

The intoxicated patient's wants are not necessarily needs. He/she may want to abuse verbally, attack physically, or smash the place up. Medication or bed and board may be demanded. Staff have rights, too, as well as a responsibility for both the assessment and for using whatever resource has been entrusted to them, as well as they can.

The staff on the Emergency Clinic of the Maudsley Hospital, confronted with intoxicated patients, do what no doubt is done almost everywhere else. They make their assessment, aware of their responsibility, looking for co-existing organic or psychiatric conditions which would warrant intervention in their own right, irrespective of the intoxication.

The problem is considerable. Of the more than 5,000 patients who come to the Emergency Clinic in a year, some 15% have alcohol-related problems. Not all of those will appear in an intoxicated state. What the staff often find themselves doing, conscious of their moral and legal responsibilities, is to persuade patients to come back to the Clinic when they are sober, and can give a better account of their difficulties, so the best package of treatment can be put together for them – out-patient detoxification, referral to a specialist unit, perhaps for in-patient care, counselling, marital or group therapy, or referral to AA, Accept, the Alcohol Recovery Project, or elsewhere.

To admit every intoxicated patient who demanded a bed would have the Maudsley Hospital deal with little other than alcohol problems. A courteous message to come back when sober, together with an appointment card for what will be a less arduous and dangerous assessment, is a method the Emergency Clinic staff have evolved to deal with this difficult and sizeable problem. We are studying the proportion of those given appointments who subsequently keep them and, of those, the proportion who have successful out-patient detoxification and/or are taken on by specialist services, to see if it is likely that "an important therapeutic opportunity" is being missed.

It is hard to know what conclusion to draw from Dr Julius Merry's acid test, "Hands up, please, those psychiatrists in private practice who would turn away a drunk alcoholic and ask him/her to return when sober rather than admitting them directly into a private psychiatric hospital?" Here, a person who can pay to have his wants met encounters a psychiatrist with a financial interest in meeting them. If a little of the violence, which Emergency Clinic staff encounter with some intoxicated patients, were to slip into the transaction between private patient and private psychiatrist, or with the nurses in the private psychiatric hospital, as society becomes more violent, perhaps a few more hands might creep up?

J. CONNOLLY

Emergency Clinic
Maudsley Hospital, London SE5

Extension of licensing laws: a paradoxical move

DEAR SIRS

What do we think about the extension of licensing laws in this country? Do we all think this will lead to increase in alcoholism and alcohol-related problems?