and treatment are compelling, "on no account should the psychiatrist agree to state after treatment that the person is fit for execution". In Maryland, the sentence of a seriously ill death-row inmate who requires treatment is commuted to life imprisonment without parole.

In the midst of the backing and filling on this topic, certain important developments are taking place. At the World Psychiatric Association (WPA) Congress held in Madrid in August 1996, the General Assembly unanimously passed the Declaration of Madrid that included the statement that "Under no circumstances should psychiatrists participate in legally authorized executions nor participate in assessment of competence to be executed".

This topic is extensively discussed in a WPA sponsored forum, entitled "Psychiatrists and Death Penalty: Some Ethical Dilemmas", in which eight psychiatrists, one lawyer and one ethicist participated, with a rebuttal by the authors of the lead article (Freedman & Halpern, 1998).

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Definition of 'haltlose'

Sir: I was interested to read your comment on the definition of 'haltlose' (*Psychiatric Bulletin*, January 1998, **22**, 58–59. I was also sorry to read that you had received no reply to your query from the World Health Organization (WHO).

As a former WHO staff member who was responsible for the coordination of work that led to the mental disorders chapter in ICD–10, I think I can clarify the matter for you. The term is a carry-over from ICD–8 and ICD–9. Its origin is in Karl Jaspers' description of personality variations. In Jaspers' discussion of personality types, the plural noun 'die Haltlosen' is used as a synonym for 'die Willenlosen' (the weak-willed). The English word that comes closest to the German adjective 'haltlos' in this context is 'groundless'. In fact, the relevant passage appears in the English translation of Jaspers' *General Psychopathology* (1963) as follows: "Those who have no will-power at all, *the drifters*, simply echo any influence that impinges on them . . .". I think that 'drifters' in this translation is a fairly adequate rendering of 'die Haltlosen'.

The reason for retaining the term was that it used to be familiar to many European psychiatrists. With the impoverishment of psychiatric vocabulary, which unfortunately is a side-effect of the DSM–III and its successors, the connotative heritage in psychiatric terminology tends to be lost.

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Age can be an artificial distinction

Sir: Close liaison between adult and children's mental health services is regarded as good clinical practice, most recently emphasised by Stormant *et al* (*Psychiatric Bulletin*, August 1997, **21**, 495–497). We have recently become aware of 'children' from refugee families in inner London who are 2–3 years older than their official age. As far as we could ascertain from a computerised literature search, this has not previously been reported.

The original aim of gaining an education can ultimately block these young people's access to appropriate rehabilitative services. The 'secret' can act as a serious impediment to the professional's relationship with the adolescent and their family as well as an additional stressor in this already vulnerable group.

Older adolescents also commonly fall between adult and child psychiatry because of their age (16–17), occupation (whether or not in full-time education) or sometimes the nature of the young person's disorder is better provided for by one or other service.

Although it is tempting to apply rigid age criteria for services that are facing escalating demands, we feel that there are strong arguments not only for closer liaison between adult and child mental health services, but that the boundaries between them should be permeable. This would allow more efficient and appropriate management of these complex cases than could be provided by either service alone.

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