

able at the time of publication two years ago. Since then others, or references to reliability, have appeared, which I would be pleased to make available to anyone interested.

The value of the Systematic Interview Guides has been demonstrated in a small way from a recent study of 'Inconsequential' (minimally brain-damaged) children in Ontario. It gave highly significant correlations between the pregnancy stress scores derived from the above and, on the one hand, the indications of pre-school maladjustment recorded on the same instrument, and, on the other, the subjects' scores on the Bristol Social Adjustment Guides some twelve years later. This report has been submitted for publication, and duplicated copies of the article are available.

It seems to me, in short, that although Dr. Rutter is right in drawing attention to the lack of published norms, his indignation about these instruments being published is unjustified. Moreover, he gives no grounds for his verdict on them as 'unsatisfactory'.

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#### REFERENCES

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#### CLASSIFICATION AND GLOSSARY OF MENTAL DISORDERS

DEAR SIR,

I refer to the letter from Dr. Peter Sainsbury (*Journal*, June, 1969, p. 743), in which he appeals to psychiatrists to use the new Revision of the Classification of Mental Disorders.

In July 1964 the Ministry of Health wrote to hospitals for the mentally subnormal and asked these

hospitals to introduce the classification devised by Rick Heber in 1959 for the American Association on Mental Deficiency and to use it in completing Box 16 of the Mental Health Inquiry Hospital Index Card A. So far Heber's classification has generally proved to be more useful and acceptable to workers in mental retardation than the International Classifications. The American Classification has three parts 'Clinical', 'Behavioural' and 'Intelligence Levels', although only the clinical section is being widely applied in hospitals for the mentally retarded in this country at the present time.

For psychiatrists not immediately involved with mental retardation and who may be unfamiliar with Heber's Classification, the reference is: *A Manual in Terminology and Classification in Mental Retardation* by Rick Heber. Monograph Supplement to the American Journal of Mental Deficiency, September 1959. Published Albany, New York State, 1959.

In practice the expression of Heber's Classification in terms of an equivalent International Classification Code is not difficult and can be readily standardized, so that the two systems of classification can be regarded as complementary.

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#### PSYCHOTHERAPEUTIC STATUTORY INSTRUMENTS

DEAR SIR,

In the past ten years in one locality, I have occasionally been struck, as must others similarly elsewhere, by remarkable degrees of failure to protect psychiatric patients (from the worst excesses of their lack of insight or loss of judgement) because of a reluctance to initiate compulsory admission to hospital. Thus, hypomanic patients have been allowed irrevocably to squander their livelihoods, and comparatively well-to-do schizophrenics to live for months or even years in conditions of unchecked squalor, before the psychiatric services were eventually brought sufficiently to bear to permit others to manage the patients' affairs and the latter to receive the modern effective treatments available.

Admittedly, it can be difficult at times even for the expert, on insufficient acquaintance in a busy out-patient department, to distinguish mild hypomania from the hail-fellow-well-met, or degrees of schizophrenia from eccentricity, especially if the family doctor or others whose acquaintance with the patient may be longer have themselves failed to