week. Dr. McBryde suggested that effective control might mean releasing only sufficient money as "pocket money" leaving all legitimate bills to be paid by a Receiver.'

The Chief Clerk replied:

'When an originating application, accompanied by medical evidence of incapacity, is issued, it normally asks for the appointment of a Receiver, and such an order is usually made. The Receiver, when appointed, is authorized to receive all dividends, interest and income (including Social Security benefits, if any), and there follow maintenance directions appropriate to the particular circumstances of that case, e.g. allowing the patient's net income for his maintenance. It is then for the Receiver to make suitable arrangements for the patient's maintenance within the directions given. The Court itself does not receive income or capital. In the case of capital, express directions are, if necessary, given to the Receiver from time to time for dealing with any assets which require to be dealt with.

'If then a Receiver is appointed, he can normally prevent a patient from having access to large sums of money, and in many instances he can exercise a very tight control. There are cases where a Receiver does in fact do this. You will appreciate that the extent of the control depends on where the patient is living and what arrangements can be made in the circumstances of that case, and that it may be difficult for the Receiver to counter all the subterfuges to which an alcoholic may resort to obtain drink. However, the appointment of a Receiver, after medical evidence has been produced to the effect that the alcoholic is through mental disorder incapable of managing his affairs, is frequently found to be an effective method of restricting the patient's consumption of alcohol.'

This is of course a controversial subject: many psychiatrists will not use the Mental Health Act for detaining an alcoholic unless he has a separate, fairly identifiable disease, like manic depression, as well. I take the view that, provided the alcoholic by virtue of alcoholism or other illness is clearly mentally ill, the Mental Health Act should be used in his interests. My justification has been the views of the alcoholic when he regains his liberty: to date the 6 patients I have been instrumental in detaining have not subsequently felt that I acted incorrectly. Two of them were most grateful.

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STUDENT HEALTH SERVICES

DEAR SIR,

In his rejoinder to Dr. John Payne's letter (*Journal*, September 1974, **125**, 330–331), Dr. Myre Sim's confusion of 'psychotherapy' with 'medicine' leads his argument to a biased and misleading conclusion. Anyone who has read a general textbook on community psychiatry would appreciate the importance of the support given to the patients by 'psychologists, social workers, welfare officers etc.'. Without their assistance, one would seriously doubt whether the psychiatrist alone could deliver care effectively and extensively.

Secondly, Dr. Sim questions the psychiatrist's participation in the training of lay therapists because once 'trained', 'one has precious little control over them'. His fear gives us an impression that he is advocating a secret cult which most forward-looking professions would avoid adopting. Medically qualified practitioners have been involved in the training of speech therapists, occupational therapists, physiotherapists etc., and *vice versa* (I deliberately choose these paramedical professions called 'therapists', for illustration). I find it difficult to accept Dr. Sim's singular exclusion of psychotherapists. In my opinion, it is only through joint consultation between professions that control could be judicially exercised. It is for this purpose that the Trethowan Committee was set up.

Thirdly, as regards the recent psychopharmacological advances, non-medically qualified pharmacologists, biochemists etc., have made an equally substantial contribution, although their involvement in the treatment of patients is indirect.

Lastly, Dr. Sim has rightly pointed out that lay therapists are created out of the public's demand. Does he imply that the psychiatric profession has failed the public, who therefore have to look elsewhere to seek consultations? If that is unfortunately the case, are these lay therapists fulfilling a role complementary to that of the psychiatrist? Perhaps, Dr. Sim, or other members of the psychiatric profession should examine the *modus operandi* of their profession in order to make a valid diagnosis and treat the disorder accordingly.

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DEAR SIR,

Mr. Leung's letter illustrates some of the difficulties facing the layman in his appreciation of psychiatry as a branch of medicine. The professions of speech

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