

found no overall differences in the effect of nicotine on the performance of smokers and non-smokers.

With regard to patient variability, this is an inevitable consequence of working with DAT patients. We attempt to reduce this by careful diagnosis and staging of patients (Philpot & Levy, 1987), and it is impressive that we are able to detect such significant improvements in attention, rapid information processing, and working memory, *despite* such increased variance.

The alternative design suggested by Dr Grant *et al* would not be an improvement. Firstly, to include two test sessions on one day would be likely to increase test variability as a result of frustration, fatigue, and possible noncompliance. Secondly, in psychopharmacological studies in experimental animals, where it might be argued that compliance is less of a problem, one would not adopt such a paradigm for fear of carry-over effects, even given the relatively short action of nicotine.

We hope that this has clarified matters for Dr Grant *et al* and we look forward to receiving their comments on the publication of our larger study, which will shortly be in submission.

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Forensic aspects of mental handicap

SIR: I read with interest the paper by Turk (*Journal*, November 1989, **155**, 591–594), and would like to expand on some of the points raised.

Under the Sexual Offences Act 1956 it is unlawful for a male to have sexual intercourse with a severely mentally handicapped female (provided he was aware of her handicap), and Dr Turk seems, quite reasonably, to regard this legislation as a valuable safeguard against the exploitation of vulnerable women. However, he does not point out the risk that this legislation may deprive women with a mental handicap of pleasurable sexual contact. Somehow, a balance must be struck between the need to protect

on the one hand and the need for freedom of sexual expression on the other.

Dr Turk, in addressing the issue of the disposal of offenders with a mental handicap, states that the choice of disposal depends on the availability of treatment or training facilities locally and the court's view as to whether residential placement is necessary for protection of the public. Recently, difficulties have occurred locally because of a lack of suitable facilities for offenders whom the courts believed did present a risk to the public, and thus require residential care. As the mental handicap hospitals contract, a range of alternative residential placements will need to be made available for this small group of patients. Whether this involves developing more specialised units, planning an individual service for each patient within a community setting such as a staffed group home, or a combination of these approaches, remains a matter for debate. What is certain is that if such provision is not made, more people with mental handicap will go to prison.

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Supermarket management

SIR: While I am not competent to comment on the scientific debate concerning brief intermittent neuroleptic prophylaxis for selected schizophrenic outpatients (McClelland *et al*, *Journal*, November 1989, **155**, 702), I feel that the assumptions underlying Dr Soni's last paragraph cannot go unchallenged. He writes: "A final point relates to cost-effectiveness: maintenance neuroleptic therapy is relatively inexpensive; continuous, careful monitoring of patients, on the other hand, requires much staff time and vigilance, as well as active involvement and education of relatives or carers." The fact that supermarket management assumptions are dominant in the present political climate makes it even more vital for the profession to maintain humane and ethical standards. It is always cost effective to neglect or kill off the old, the mentally ill or the physically disabled, unless human values are placed first in the equation. Dr Soni's high-cost alternative reads like a description of good practice (whether neuroleptics are continuous or intermittent); if all we can offer is a monthly injection from a grossly overworked Community Psychiatric Nurse, we should protest.

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