tryptophan shortens REM latency (6) which is the opposite of the effect on REM latency observed in our diamorphine addicts. If, as in rats and mice, morphine tolerance and dependence in humans is accompanied by an increased rate of brain serotonin synthesis our observations suggest that this excess serotonin is only partially available for normal cerebral synaptic activity. Methadone has similar effects on brain serotonin (7).

We postulated that our findings support the hypothesis of Collier (8) that physical dependence and tolerance to morphine and related substances are mediated via a blocking action of the receptor mechanism for serotonin at brain synapses. If this be correct it would account for the paradoxical findings of Chernik *et al.*, for as PCPA reduced the available serotonin the parallel reduction in methadone intake described in their report would progressively remove the blockage of serotonin receptors, so that the nett effects could well be the maintenance of equilibrium in the serotonin actually available for synaptic transmission. This would be reflected in the relative stability of the EEG sleep pattern. It would be interesting to know whether the patient's clinical condition also remained stable.

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References

1. Davison, K., and Osselton, J. W. (1972). 'REM sleep in heroin addicts.' Paper presented at First European Congress of Sleep Research, Basle, October 1972. (Proceedings to be published shortly.)
2. Way, E. L. (1972). 'Role of serotonin in morphine effects.' *Fed. Proc.* **31**, 113–120.
3. Wyatt, R. J., Zarcone, V., Engelman, K., Dement, W. C., Snyder, F., and Sjoerdsma, A. (1971). 'Effects of 5-hydroxy-tryptophan on the sleep of normal human subjects.' *Electroenceph. clin. Neurophysiol.*, **30**, 505–9.
4. —— Engelman, K., Kupper, D. J., Scott, J., Sjoerdsma, A., and Snyder, F. (1969). 'Effect of parachlorophenylalanine on sleep in man.' *Electroenceph. clin. Neurophysiol.*, **27**, 529–32.
5. Shen, F. H., Loh, H. H., and Way, E. L. (1970). 'Brain serotonin turnover in morphine tolerant and dependent mice.' *J. Pharmacol. exp. Ther.*, **175**, 427–34.
6. Oswald, I., Ashcroft, G. W., Berger, R. J., Eccleston, D., Evans, J. I., and Thacore, V. R. (1966). 'Some experiments in the chemistry of normal sleep.' *Brit. J. Psychiat.*, **112**, 391–9.
7. Ward, D. F., and Russell, R. L. (1971). 'The effects of chronic methadone administration on brain serotonin synthesis in tolerant rats.' *Fed. Proc.*, **30**, 279.
8. Collier, H. O. J. (1966). 'Tolerance, physical dependence and receptors.' *Adv.Drug Res.*, **3**, 171–88.

CAPACITY TO MANAGE AFFAIRS

Dear Sir,

When medically assessing either a person's testamentary capacity or his ability to manage possessions, it has been customary to do so in relation to the nature of the actual affairs to be handed down or managed. For example, questions such as 'has the patient a reasonable knowledge of his estate' and 'has he the capacity to appreciate who might be entitled to his bounty' can be asked in both instances. Inquiry couched in these terms, however, seems to overlook that affairs themselves can sometimes become too complex for normal people.

Complexity of affairs increases beyond the capacity of some normal people to manage them properly, when such increases do not depend on the skill and effort of the person concerned, e.g. from a chance large win in a lottery or a sizeable unexpected legacy. When this happens to someone who is already mentally ill, but whose capacity to manage has not until then required questioning, medical assessment needs special care. Any pre-morbid (and thus still normal) relative inability should be discounted, only incapacity due to ill health being relevant.

Thus a healthy only child of low normal intelligence, perseverance or emotional control, may become mentally ill but continue to live with and be informally supervised by wealthy parents until inheriting (without restriction) on their deaths. Although implicit in medical assessment, it then helps to keep issues clear if specific reference to illness is made in the questions asked, e.g. 'has the patient's knowledge of his estate been significantly influenced *by mental disorder*' and 'has review of possible beneficiaries suffered *because of mental illness*'?

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A COLLUSION WITH SANITY: A CLINICAL EXTRACT

Dear Sir,

It is an observable fact—which has become exaggerated, unfortunately, into a fashion and a political expedient—that certain kinds of unusual experience and behaviour are conveniently labelled 'mad' in order to legalize the removal of a person from his