

sum of the 11 other large neutral amino acids also were raised ($P < 0.02$, < 0.001 and < 0.001 respectively).

In view of the mode of entry of amino acids into the brain, these data point to a possible source of abnormality in the central nervous system in young adults with Downs syndrome in terms of availability of substrate for protein synthesis.

It is suggested that this aspect of metabolism may merit further investigation both in Downs syndrome and in senile dementia itself.

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Mental Health Act and Medical Treatment Without Consent

DEAR SIR,

I thought your readers may be interested in an aspect of the new Mental Health Act which appears extremely illogical.

I have currently on my ward a lady suffering from a severe chronic intractable depression with extreme retardation so that communication with her is impossible. Because of her inability to give valid

consent I have already had to have three second opinions from the Mental Health Commission. At the time of the renewal of her Section I was informed by the Commission that if I wished to use any further treatment I would have to get yet a further fourth second opinion. A few days ago this lady appeared to be in pain and appeared to hold her leg in an abnormal posture. Her hip was x-rayed and this revealed a fracture of the acetabulum. My orthopaedic colleagues informed me that operative intervention was unnecessary and that she needed to be treated with analgesia alone as she did appear to be in such discomfort. As this lady was unable to give valid consent and as analgesia could not be constituted as a life saving procedure, I contacted the Commission to provide a second opinion to allow me to prescribe it. I was informed by the Commission that for medical treatment such as this I did not require their opinion even though valid consent could not be obtained. I was told that if in my clinical judgement as a doctor analgesia was necessary then I could prescribe it.

It seems strange to me that I am allowed to make clinical judgements about my patients in non-psychiatric areas and prescribe medication for them, but I am not allowed to do this in the one field I would consider myself to have some expertise in, namely the management of her depression. Also I wonder if I would be allowed to use antidepressants in this patient without a second opinion, on the basis that there is now considerable evidence that antidepressants have an analgesic effect!

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Transcultural Psychiatry

DEAR SIR,

I am delighted that Dr de Pauw (*Journal*, November 1985, **147**, 585-586) thinks I am passionate. Passionate or not, however, I am not responsible for the vagaries of the *Comprehensive Textbook of Psychiatry* (although if it says two different things in two different places that seems rather comprehensive).

The issue appears to be this: what reliance can be placed on the reports of colonial psychiatrists as to the actual occurrence of certain traditional behaviours variously termed the "culture-bound syndromes"? I am not entirely clear about de Pauw's point: the argument for *windigo* is in dispute,