Although these clinical observations are 'mere anecdotes', I believe they are now numerous enough to support the hypothesis that 'fresh' perfumes may significantly affect the well-being of some individuals. A crude extrapolation from this study would suggest that some 50,000 people a year in the UK might be adversely affected by air freshener perfumes. I believe that the onus of proof now rests with the regulatory authorities and the perfume industry who should put forward resources to enable this hypothesis to be tested.

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Wisdom

DEAR SIRS

I followed with great interest Larry Culliford's series 'Reading About Wisdom' (*Psychiatric Bulletin*, 1991, **15**, 638–639). But having studied the essays I was still not sure what the series was about and would welcome Dr Culliford's clarification on what wisdom *is*?

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DEAR SIRS

The recent series on Wisdom was something of a sequel to an earlier piece in the *Bulletin*, (1984, **8**, 186–187). In this I attempted to answer the question, "What is Wisdom?".

Briefly I began with a conventional definition, acknowledging that it was not entirely satisfactory. ("A recognisable attribute of human beings, reflected in their thoughts, words and actions, derived through intuition and through individual contemplation of ideas, knowledge and experience of all kinds"). I went on to mention Erik Erikson's work on Wisdom as the hoped-for outcome of the life cycle and old age. I made comparisons between wisdom and knowledge, also wisdom and common sense, suggesting that these three are akin but distinguishable.

More recently I have had the thought that wisdom is that to which the heart and mind naturally aspire when one's self-seeking fades away.

The Abbot of a Buddhist Monastery in England said not long ago, "Wisdom isn't something you get, it's something you use. It is not something that you don't have and that you have to get. It's something you start using because it's everywhere; it is here and now. It may even be used in the little things; in just standing, sitting, walking, lying down. It is contemplation, reflection. It is being alert while being and doing.

You may not always feel wise when using wisdom in this way, but that is what it is."

It is difficult to be definitive on the question of what wisdom is. The 1984 article and these ideas may not be fully illuminating. They are simply offered for reflection. Where there is darkness, even the smallest flame may offer comfort.

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DEAR SIRS

'Reading about Wisdom' was a satisfying conclusion to a stimulating series (Culliford, 1991). It would be inappropriate to criticise the choice of material recommended in this particularly subjective area. I would, however, like to suggest three additional subjects that may have been included.

Firstly, among the ancient Eastern traditions considered in the series Sufism was largely neglected, despite the ready availability and interesting nature of the "teaching stories" of Idries Shah. Secondly, there is a considerable body of literature describing parallels between psychotherapy and such Eastern theologies, an example being Erich Fromm's comparison of Zen Buddhism and psychoanalysis, which could be included in such a recommended reading list. Finally, the Judeo-Christian tradition should not, through familiarity, be neglected as a source of Wisdom.

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CULLIFORD, L. (1991) Reading about Wisdom. *Psychiatric Bulletin*, **15**, 638–639.

DEAR SIRS

I entirely accept Dr Hosty's suggested inclusions.

My experience of Sufism is limited, but I have read and enjoyed some of the Idries Shah stories.

In positive comparison to the Fromm book I can also recommend, *Yoga and Psychotherapy; The Evolution of Consciousness* on a similar subject by Swami Rama, Rudolph Ballantine and Swami Ajaya, published in 1976 by the Himalayan International Institute, Honesdale, Pennsylvania.

I would go further than Dr Hosty on his final point. Apparently familiar Judeo-Christian teachings can be revitalised through renewed reflection aided perhaps by meditation practice. No longer jaded or faded, they may again come to seem new, relevant, immediate and incontrovertible.

Sunday's Epistle (Advent Sunday; Romans XIII: "Thou shalt love thy neighbour as thyself. Love worketh no ill to his neighbour; therefore love is the fulfilling of the law") was echoed by the Buddhist monk leading Monday's meditation group who gave us teaching on loving-kindness, right conduct and compassion.

Thus there is little difficulty for me in reconciling these great spiritual traditions. I think of them as my longitude and latitude. Perhaps Islam could help fix height above (or below) sea-level! It certainly feels as if I am living a life in at least three dimensions these days.

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Services for brain injured adults

DEAR SIRS

I read with interest the conclusions of the Royal College Working Group on Services for Brain Injured Adults (**15,** 513–518). While I fully support the spirit of the article in this much neglected field, I feel that some of the recommendations totally lack credence in today's current NHS climate. Having spent three years unsuccessfully trying to obtain funding simply for one particular case involving head injury, I feel I can speak with some authority.

The suggestion that each district should have an identified consultant psychiatrist specifically with a responsibility in this area, even if it is not a full-time commitment, is unrealistic, given the fact that many districts are struggling with limited manpower to provide adequate services. While I welcome the notion that each region should review its existing services and evaluate service requirements, I am nevertheless somewhat sceptical about this proposition in view of the current changes in the NHS, with the potential relative demise of regions and the development of Commissioning Services and Trust Units. Unfortunately, the article does not grasp the tricky issue of funding. This is a particularly important issue in the light of the new Community Care Act and, given the fact that with the scarce resources available, funding becomes an inevitable tussle between Health and Social Services.

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DEAR SIRS

I welcome Dr Birkett's interest in the need for better services for brain injured adults. He rightly points to the difficulties facing service development for this client group. The purpose of the Working Party Report was to highlight the needs of brain injured adults and to outline a policy for service provision. The Working Party did not think it appropriate to identify strategies for implementing change given the very different health care environments throughout the UK and Ireland and the rapid changes that have been taking place since the Working Party first met.

Nevertheless the need to identify a consultant psychiatrist at district level with an interest in this client group must remain as a cornerstone of service organisation and delivery. This might well form a part of the remit of a liaison psychiatrist.

I take note of the very worrying demise of regions referred to by Dr Birkett. Nevertheless it is essential that services which are supra district in their organisation, such as forensic and brain injury services, remain the responsibility of planners at a regional level. It is also important that the voice of the College on such matters is heard at this level.

The continuing community care needs of this client group, the funding of community services and the relationships between health and social services are indeed major challenges. They must be subsumed within the purchaser-provider plans for people with chronic mental illness. Those with brain injury form a significant proportion of the most difficult patients.

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Liaison with GPs

DEAR SIRS

Following the article on liaison with GPs (Westbrook & Hawton, *Psychiatric Bulletin*, 1991, **15,** 328–329), I feel it may be of interest to describe my own experience in this area. Over the six months from February to July 1991 I met fortnightly for an hour with a local group practice of four GPs. Initially, we set out with an open framework for discussion and exchange of ideas and information. We already have clinics operating on the shifted outpatient model and found that there was little opportunity to meet with the GPs in this setting and so wished to explore alternative ways of working together. At the beginning we decided that, due to time constraints, it would be best not to see patients at these sessions. Rather than imposing a rigid framework for these meetings, it was felt better to explore the usefulness of various formats as these sessions progressed. There was a tendency initially to focus on patients already referred to the psychiatric services