

### References

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### The Prevalence of Mental Illness Among People with Mental Handicaps

Sir: A recent publication of the Royal College of Psychiatrists (Wilkinson & Freeman, 1986) contains the following statements:

“Nearly one half of mentally handicapped children and adults suffer from associated psychiatric disorder. Among mental handicap hospital populations, the prevalence is between 30% and 60%” (p. 117).

“Several surveys indicate the prevalence of severe mental illness (psychosis) in mentally handicapped people is between 11% and 13% of hospital residents” (p. 122).

The discussion which followed suggested a weight of opinion in favour of the first quotation.

Two years ago I summarised all the evidence I could find (over a dozen studies) on the subject (Ineichen, 1984). Most of those which gave a figure based on diagnosed mental illness, rather than vaguer measures such as ‘disordered behaviour’ clustered around the 10 to 14% mark. The highest figure of all was 58.8%, including only 15.8% severe cases which warranted ‘continuous and perhaps intensive in-patient care from psychiatrists’ while the rest require ‘at the most occasional psychiatric specialist attention (Williams, 1971), the figure of ‘up to 60%’ has been in circulation for a decade or more. I am still waiting to find a single study which justifies its use.

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### Violent Behaviour in Psychiatric Hospitals

Sir: I read with interest the paper by Pearson *et al* (*Journal*, August 1986, 149, 232–235) and felt that the

report of the high incidence of violent acts at mealtimes was worth further discussion. Phillips & Nasr (1983) noted a peak of violent incidents resulting in seclusion or restraint between noon and 2.00 p.m. and in a study of my own, incidents resulting in seclusion were about twice as common at mealtimes than at any other time. There was a tendency for non-psychotic rather than psychotic patients to be involved in such incidents, but the type of incidents were no different from those occurring at other times.

Kinzel (1970) suggests that schizophrenic patients are prone to disturbed behaviour at times when they perceive their “body-buffer zone” being encroached upon, particularly if from behind, and Bigelow (1972) states that “the crowding of strangers, especially near such valued resources as food” may result in aggression.

I believe that study of the facilities used in psychiatric units for the serving and eating of food by patients may allow modifications to be made, so reducing the incidence of violence.

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- PHILLIPS, P. & NASR, S. J. (1983) Seclusion and restraint and prediction of violence. *American Journal of Psychiatry*, 140, 229–232.

### Schizophrenia and Ethnicity

Sir: One of the most intriguing facts to emerge from the World Health Organization's International Pilot Study on Schizophrenia (World Health Organization, 1974) is that two-year outcome was the higher percentage of good outcome schizophrenics in Third World countries as opposed to First World countries.

The CATEGO Class S Schizophrenia Study (*Journal*, December 1985, 147, 683–687) is presently being analysed regarding outcome at two years. Preliminary findings indicate that the Xhosa schizophrenics in the sample have a better outcome at two years than the White schizophrenics, but the reason for this is not known at this stage. However, there are distinct differences in terms of cultural factors, attitudes to mental illness, compliance with maintenance medication, expressed emotion and living in extended families, which are of great importance in

transcultural psychiatry. These are facts which have a bearing on the nature and management of the disease and it is to be deplored that Drs Sashidharan and Lipsedge have politicised this information in their recent letter (*Journal*, April 1986, 148, 484).

Scientific truth is a bastion of strength in a world which is confused by misinterpretative and exploitative statements. It is particularly distressing in this regard that Drs Sashidharan and Lipsedge have cast aspersions on the scientific integrity of the *Journal's* Editor and assessors by stating that an article "with politically loaded definitions of little scientific import" was published.

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#### Depression in Schizophrenia: Prevalence and Treatment

Sir: With regard to the paper by Elk *et al* (*Journal*, August 1986, 149, 228–229) although the point has been made previously elsewhere it seemingly needs to be made again.

The "Population Registration Act, 1950 (as

amended)" does not define homogeneous "ethnic groups" but groups together "whites, blacks and coloureds" whose members may have very different origins, languages, cultures and social circumstance from co-members of the same so-called groups. By accepting this paper in its published form I feel that the *Journal* has been done a disservice and that another layer of veneer has been placed on the pseudo-scientific basis of apartheid.

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#### Control of Auditory Hallucinations with Earplugs

Sir: I read with interest Dr Birchwoods article (*Journal*, July 1986, 149, 104–107). I can recall very clearly two schizophrenic patients who wore earplugs to shut out the 'voices'. The first one was a male in his forties that I saw at Castle Peak Hospital in Hong Kong in 1970 and the second was a male patient in his sixties at Springfield Hospital in London in 1977. As I recall, the first patient wore earplugs in both ears while the second only in his left. Both of them told me that the earplug helped to block out the voices. At that time I said to myself "this is just part of their thought disorder" and paid no further attention to it. Another lesson that we should listen more to what our patients say.

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### A HUNDRED YEARS AGO

#### A Lunatic Imprisoned Again

Why do the City Fathers persist in imprisoning Herbert Percy Freund, seeing that he is certainly "a person of unsound mind"? Is it that they deem it less costly to keep him one-third of his time in gaol than to maintain him altogether in an asylum? The question of humanity ought to have some little weight as against the question of economy. Besides which, it may one day happen that this lunatic will no longer

be contented with declaiming against St Paul's Cathedral as "that house of idols over there". He may turn iconoclast on his own account; or, instead of predicting the downfall of the City, he may do something towards the fulfilment of his prophecies. The policy of the City magistrates is neither sound nor safe, and it is certainly anything but benevolent.

#### Reference

*Lancet* (February 20, 1886) Pp 368.

*Researched by Henry Rollin, Emeritus Consultant Psychiatrist, Horton Hospital, Surrey.*