short-term treatment may worsen the course of manic–depressive illness.

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Ethnic nomenclature

SIR: May we endorse Dr Callan's timely protest about the vagaries of ethnic nomenclature (*BJP*, October 1993, **163**, 551)? An earlier objection to the use of the pseudoscientific term 'Caucasian' for White Europeans and the then Editor's subsequent note on this (*BJP*, October 1991, **159**, 588–599) seem to have had only little effect. Now that Caucasian speakers have established a provisional government, with Caucasian forces engaged against the Transcaucasians, and with Caucasians expelled from Moscow on the basis that they are 'black' (as reported in *The Times*), this racial term, derived from 18th-century speculations about Noah's Ark (Blumenbach, 1795), seems even more absurd.

BLUMENBACH, J.F. (1795) *De Generis Varietate Nativa* (3rd edn). Göttingen, Germany.

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Morbidity among social phobics

SIR: Social phobia (SP) has a lifetime prevalence in the order of 2.8%. Moreover, 70% of patients with SP develop a comorbid psychiatric disorder during their lifetime (usually after the onset of SP). It has also been associated with lower socio-economic status and being single (Schneier *et al*, 1992). Over the last 10 years, efficacious psychological and pharmacological treatments have been developed (Gelernter *et al*, 1991). Despite its high prevalence and morbidity, and effective treatment, relatively little attention is given to SP in many standard textbooks on psychiatry.

We recruited 27 SP patients (13 women and 14 men) through notices in local newspapers; 45 responses were received in total, and 34 patients attended for interview. For the 27 subjects meeting DSM–III–R criteria for SP, ages ranged between 25 and 68 years, with a mean of 36 years for both sexes. Onset was usually in childhood or adolescence and started after the age of 25 in only two patients.

Social impairment was significantly higher among the men: only five of the men had married or entered a significant long-term relationship, whereas 11 of the women had done so ($P < 0.05$, χ^2 test). Most men attributed their single status to their SP.

Occupational impairment among those with SP was marked: five men and one woman reported being unable to work because of their SP. Most of those in employment were in skilled or semiskilled jobs, and two held degrees, although all but two of the men and three of the women reported impairment of their functioning at work. There were many examples of turning down promotions, moving jobs to areas where they were not known, and avoiding training courses because of the social interaction demanded. Gender differences in occupational impairment did not reach statistical significance.

Over half of both sexes (9 men, 7 women) had received some form of psychological or psychopharmacological treatment. However, treatment had usually been directed at comorbid disorders rather than the SP. Any treatment directed at the SP had been either pharmacological or psychological, with no patient having received both. Six of the 27 subjects had current DSM–III–R comorbid disorders (excluding personality disorders), with three cases of depression, two of panic disorder, and one of amphetamine abuse. Many men reported using alcohol to relax before social functions. Although none currently had features of alcohol addiction, two had previously.

Theses findings appear in line with those from studies in the USA and Canada (Swinson *et al*, 1992).

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