

not exist? After all, many diagnostic entities are based on aetiology, not symptoms.

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'Black' issues in mental health practice in the United Kingdom

DEAR SIRs

In the year beginning October 1990, I admitted 10 African-Caribbean patients at the Royal London Hospital (St Clement's), three informally, two under Section 2, one under a Section 4, later converted to a Section 2, and four by way of the penal system (one Section 35, two under Section 37 and one Section 37/41). Seven of these patients were violent before admission, of whom six were violent towards nursing staff. With the exception of one female patient, each had been taking illegal drugs such as cannabis and LSD. The diagnoses made were: affective personality disorder (1), drug-induced psychosis (2) and schizophrenia and drug abuse (7).

Only a handful of these 10 patients were referred as non-emergency cases by their general practitioners, seven were admitted under Sections of the Mental Health Act 1983, four had come in by way of the Prison Service, six had been violent before and during their admission, and nine had been on illicit drugs. Follow-up showed many continuing to take drugs and being readmitted in a floridly psychotic state with others simply not showing up for appointments. This handful of patients fulfils all of the 'racial stereotypes' about which African-Caribbean people bitterly complain and whose treatment provokes considerable controversy. For many African-Caribbeans, what is done for their mentally ill is from a racist perspective which has a negative effect on the utilisation of psychiatric services.

The College (1989) has been very concerned about racism in the training and employment of psychiatrists, and in the delivery of care to mentally disturbed members of ethnic minorities. The Special Committee set up in 1987 proposed 26 Recommendations aimed at reducing the impact of racial thinking on psychiatric training and practice.

I think that now is the time to try to find out whether the complaints of African-Caribbeans are justified, that they make use of the available resources, and that they are properly treated. Psychiatrists of African-Caribbean origin should play a positive and constructive part in this process.

I would recommend that the Executive Committees of the African-Caribbean Medical Society, the Afro-Caribbean Mental Health Association and the National Black Mental Health Association should arrange to meet with the members of the College

Special Committee and use the 26 Recommendations as a basis for discussion.

I. O. AZUONYE

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Reference

ROYAL COLLEGE OF PSYCHIATRISTS (1990) Statement by Council on psychiatric practice and training in British multi-ethnic society. *Psychiatric Bulletin*, 14, 432-437.

DEAR SIRs

Dr Azuonye describes 10 patients under his care, including the nature of their referral, their legal status and their mental state. There is nothing in his description to indicate poor medical practice, nor discrimination against these patients and the only distinguishing feature of a racial nature is that he categorises these patients as African-Caribbean.

We would certainly welcome a well-researched investigation into the nature of the treatment received by racial minorities. The Special (Ethnic Issues) Committee has now reported to the College and therefore been discharged. However, if the organisations Dr Azuonye mentioned would like to make contact with the College concerning African-Caribbean mental health issues, I would be very happy to meet them.

Professor A. C. P. SIMS
President

Terminator 2 – Judgement Day

DEAR SIRs

I agree with Ralph Footring (*Psychiatric Bulletin*, December 1991, 15, 796-797), that 'Terminator 2' was a thoroughly enjoyable movie but that psychiatric care was displayed in its worst possible light.

An altogether different psychiatric perspective in the film is in the character of the Terminator himself. He is a robot without emotions who has been constructed with the ability to learn from experience. During the film he is curious about the tears of the boy he has been programmed to protect: he cannot comprehend them. Later on the boy urges him not to kill anybody: he does not understand this either. This theme of understanding another's existence and feelings is pursued in the film within the relationship between the Terminator and his ward. The film ends with the robot seemingly having grasped some notion of what human emotions are, and implicitly even having some of his own. The screenplay makes this an important part of the film.

Autistic children and adults have difficulty in acknowledging the existence of others and being emotionally connected to the world. There is considerable public fascination over autistic states of mind. This is reflected in popular media. Mr Spock in

the famous TV series 'Star Trek' is characterised by his lack of emotions and brilliant ruthless logic. The film 'Bladerunner' based on the book *Do Androids Dream of Electric Sheep?* by Philip K. Dick, like Terminator 2, explored the development of emotions in robots. In the film 'Being There', Peter Sellers plays the autistic gardener Chancy whose literal and simple statements are mistakenly understood in metaphorical terms and are then seen as visionary; he, like Jesus, walks on water at the end of the film. And more recently Dustin Hoffman played the autistic 'idiot savant' in 'Rainman'. The Who's rock opera 'Tommy', about a "deaf, dumb and blind kid" is intended to depict an autistic child who becomes a pinball wizard.

Even the classic fairy tales *Sleeping Beauty* and *Snow White* popularised by brothers Grimm, have been interpreted to be about beautiful children somehow unavailable, (as are many autistic children described by their parents) who need only a kiss from a prince to be awoken. So the Terminator is shown only to need the magic of the young boy's devotion and love to start experiencing and understanding emotions.

For a relatively rare disorder, autism has a high profile both overtly, and more discreetly in films like Terminator 2.

LAURENCE SHELDON

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Molecular genetic research into Alzheimer's disease

DEAR SIRS

Reports in the national press about the break-up of the Alzheimer's disease research group at St Mary's

Hospital Paddington have given the misleading impression that this means the end of molecular genetic research into Alzheimer's disease in the UK. The Mental Health Foundation has just funded us so that the work can continue in this country and we are now busy trying to identify suitable families where more than one person suffers from the disease. It does not matter which relatives are affected or at what age the illness developed. All we need for our research is to conduct a brief interview and to collect a small sample of blood. We will be happy to travel anywhere within the UK to do so.

If any of your readers know of families that might be suitable for our research, then we would be most grateful if they could contact us at the address below.

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Use of section 5(2)

DEAR SIRS

Which section should be used when transferring a patient from an NHS owned and 24 hour staffed Psychiatric Home in the community to the main hospital? The least restrictive Section would of course be a 5(2) but if the Home is regarded as the patient's home than a 5(2) would not be appropriate.

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Scientific meeting

'Psychoanalytic Ideas and Developmental Observations': a one day scientific meeting under the auspices of the Anna Freud Centre and the Psychoanalysis Unit, University College London, in honour of Dr George S. Moran, will be held on 27 June 1992 at the Edward Lewis Theatre, Middlesex Hospital Medical School, Windeyer Building, 46 Cleveland

Street, London W1. Admission is free but the number of places is limited. Those interested in attending must contact The Conference Secretary, Psychoanalysis Unit, University College London, 26 Bedford Way, London WC1H 0AP as soon as possible (telephone 071 580 6902 - answering machine; fax 071 289 4800).