

in problematic situations. Figueredo (1976) attempts to overcome some of these difficulties by providing his translators with specific guidelines, broadly designated as Wording, Redundancy, Context and Decentering.

The general aim of the process of translation should be to arrive at a consensus translation, rather than one that focuses principally on the source language. The technical translator, bilingual psychiatrist and English-speaking psychiatrist should initially examine individual items independently and then confer, in order to arrive at an acceptable translation. I believe that the PSE translation into several languages is a step towards developing a standardised instrument to collect validly comparable data across cultures, but I suggest that the method of translation may have to be reviewed.

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#### Transcultural Psychiatry

DEAR SIR,

If cultural psychiatry is to move beyond the collection of exotic phenomena which escape our supposedly culture-free Western classifications, it will have to examine more closely the actual phenomena which colonial psychiatry has bequeathed to us.

The papers of Swartz *et al* and Farmer *et al* (*Journal*, April 1985, 146, 391–394, 446–448) refer to *Witiko* and 'pointing the bone'. *Witiko* (*Windigo*) is a 'near mythical syndrome' (Neutra *et al*, 1977) with perhaps three actual instances, and one which has never been observed by outsiders (Shore & Manson, 1981; Marano, 1982). Similar doubts have been cast on 'pointing the bone', popularly known as 'voodoo death' (Lewis, 1977; Eastwell, 1982), although Gomez (1982), maintains the notion has some validity.

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#### Is Mania Incompatible with Down's Syndrome

DEAR SIR,

I was interested to read the paper by Drs Sovner, Hurley and Labrie (*Journal*, March 1985, 146, 319–320) and note, as I have done with some other work from the United States, an apparent unfamiliarity with recent British research.

My colleagues and I investigated a series of 40 mentally disordered patients with mental handicap, 16 of whom suffered from an affective psychosis diagnosed using strict criteria. The other 24 cases suffered from schizophrenia, again diagnosed using rigorous criteria similar to those of DSM III.

In investigating possible aetiological factors we karyotyped all the index patients plus 40 controls from the same hospital for the mentally retarded who did not have mental illness. None of the cases with affective disorders were associated with chromosome abnormalities, whereas one of the schizophrenics and five of the controls were found to have trisomy 21 (Down's syndrome), some of them showing various degrees of mosaicism. However, there was no statistical significance in the differences between these groups.

In my review of the literature on this subject I found no cases of Down's syndrome in association with affective disorder. The absence of such an association is certainly worth pursuing as there is no question from our own work and that of others that affective disorders can occur amongst the mentally handicapped and can be identified even in those whose intellectual capacities are very low indeed (Hucker *et al*, 1979).

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