

detailed case histories of these Indian patients should be provided for cross-cultural comparison. Besides, although the three Asian adolescents reported by Bhadrinath (1990) had "considerable fears of getting fat and body image disturbances" and met DSM-III-R criteria, it must be noted that they all came to the UK as a baby or as a child and thus grew up with Western notions of slimness and dietary preoccupations. This phenomenon of acculturation has been studied by Mumford & Whitehouse (1988), who found bulimia nervosa to be less common among white girls than second-generation young British Asians, who are quick to learn fashionable Western styles of reacting to stress.

Diagnostic criteria for AN need to be appreciated in the context of the attitudes to food, eating and body shape of a particular culture. It is vital that psychiatrists from other non-Western cultures do not apply DSM-III-R rigidly, and report on any atypicality in the AN patients they see. This will contribute to important cross-cultural data and a more culture-free understanding of abnormal female fasting, which has a long history, and in Western countries has happened to be defined in 'atheoretical' diagnostic manuals as the AN which most of us recognise today. There is really a difference between 'culture-bound' and 'concept-bound' entities.

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References

- BHADRINATH, B. R. (1990) Anorexia nervosa in adolescents of Asian extraction. *British Journal of Psychiatry*, **156**, 565-568.
 LEE, S., CHIU, H. F. K. & CHEN, C. N. (1989) Anorexia nervosa in Hong Kong - why not more in Chinese? *British Journal of Psychiatry*, **154**, 683-688.
 MUMFORD, D. B. & WHITEHOUSE, A. M. (1988) Increased prevalence of bulimia nervosa among British schoolgirls. *British Medical Journal*, **297**, 718.

SIR: The recent surge of interest by professionals in eating disorders among Asian people is long overdue. Bhadrinath's highlighting of the condition (*Journal*, April 1990, **156**, 565-568) described an important phenomenon which is probably far more common than has so far been reported. Certainly the EAT score data of Dolan *et al* (*Journal*, October 1990, **157**, 523-528) would suggest this to be so.

From our own recent experience in treating a 13-year-old Asian girl, who fulfilled DSM-III-R criteria for anorexia nervosa, there was evidence to suggest that the condition was precipitated and maintained by features associated with problems

relating to cultural conflict. The increased sensitivity to body appearance, common during adolescence, was heightened by the cultural conflict she experienced while negotiating the task of being Asian in the United Kingdom.

One of her main reasons for not eating was the desire to look and dress like 'white models' in fashion magazines and in this way feel more part of western culture at the same time as differentiating herself from that of her parents.

Further work is needed to explore the epidemiology of eating disorders among Asians and the hypothesis that the pursuit of 'westernness' contributes to the aetiology needs to be investigated.

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SIR: I read with interest the comments of Khandelwal & Saxena (*Journal*, November 1990, **157**, 784) in response to Badrinath's article (*Journal*, April 1990, **156**, 565-568).

The variance of anorexia nervosa described by Drs Khandelwal & Saxena highlights an important deficit in the diagnostic practice which fails to distinguish genuine anorexia nervosa from the atypical one. The young female described by them with decreased appetite, excessive weight loss and amenorrhoea, but no clear body image disturbance or fear of becoming fat, may have something else but not 'genuine' anorexia nervosa. Such differentiation becomes more important when we try to understand this disorder in the cross-cultural context.

The concept of anorexia nervosa suggests that the weight loss, emaciation and other characteristics are secondary to a relentless pursuit of thinness which appears to be the primary preoccupation in these patients. Mixing the concepts of genuine anorexia nervosa and the one which is not characterised by this preoccupation about thinness defeats the very purpose of understanding it conceptually and culturally.

When Simmonds (1914), a pathologist, reported a destructive lesion in the pituitary gland, every case of malnutrition was explained as caused by some endocrine pathology (Brusch, 1975). Over the next two decades genuine anorexia nervosa was filtered away from Simmonds disease. Now, when the understanding of its psychopathogenesis and evolution is becoming clearer, it will be a backward step not to