commit suicide now, you may get the circumstances in the next birth which are worse than those at the present' (Bhatia, 1991). Sikhism propagates, 'Suicide in the face of misery and misfortune implies lack of faith in the goodness and righteousness of God' (Bhatia, 1985). Jainism advocates that the killing of any living being is unethical and a sin (Bhatia, 1991). The view of Islam about suicide is 'Do not commit suicide and make your hands the instrument of your destruction' (Bhatia, 1991). Aristotle, Pythagoras, St Thomas Aquinas, St Augustine, Jesus Christ, Guru Nanak and Socrates also considered suicide as unlawful and a sin.

Because of the stigma attached to suicide, the practice of *Sati* (a custom practised by Hindu women after the death of their husbands in which they used to burn themselves on their husband's pyre) has been discarded by society and is now regarded as a crime (Chadda *et al*, 1991). Religiosity in India bears a negative correlation with suicide rate and is, in fact, a preventive factor against suicide (Bhatia, 2000). It is appropriate to suggest that scientific approaches and spiritual approaches can work together to eliminate the stigma attached to communication of suicidal ideas and attempts and to encourage timely professional help-seeking.

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Other approaches to mental and physical illness

Kendell's (2001) editorial on the distinction between mental and physical illness was illuminating of the present predicament of modern psychiatry and medicine. However, he did not do justice to other systems of knowledge and medicine, loosely known as 'complementary' medicines, which are widely used around the world. For example, the Ayurvedic tradition (with its lineage to the early Vedic civilisation and systems of thought in India, around 1700 BC), as described in the classical texts of Susrutha and Caraka (200 BC–400 AD), avoid a strict body–mind dualism and instead emphasise their interaction in the causation of the human condition (in health and disease) (Ramachandra Rao, 1990). Clinical features of 'insanity', depression and epilepsy are described, with aetiological roles for both mental and physical processes and interactions. The Buddhist traditions (600 BC) take a similar position and state that 'the mind and body are neither separate nor identical, not even alternatives, but inseparable . . . like two bundles of reeds supporting each other' (Goonatilake, 1998).

These systems therefore preserve the unitary nature of body and mind, and approach problems in a more holistic manner, without Cartesian dualism. Meditation, 'noble' living and 'good' emotions are often included in their therapies. Interestingly, these ideas are being confirmed in certain fields of molecular biology and immunology. Contemporary research has shown the impact of emotions on the immune system and the effect of disease on the mind (Dantzer *et al*, 1999). The intermediary appears to be cytokines, which are able to modulate the functioning of several organ systems (Licinio & Wong, 1999). Similarly, meditation has led to the search for new psychologies to reduce stress and in the treatment of other disorders (Goonatilake, 1998). Delving into these systems of knowledge and moving away from dualism may reveal novel therapeutic modalities (e.g. meditation) and areas for further research.

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One hundred years ago

Private patients at Dorset County Asylum

At a special meeting of the County Council for Dorset, on January 8th, the proposal of the Visiting Committee to build, at a cost of about £40,000, a detached house for one hundred private patients, was unanimously approved, and the plans, which have been prepared by the architect, Mr. G. F. T. Hine, gave satisfaction. Dorsetshire was the first county in England to take advantage of Section CCLV of the Lunacy Act, 1890, by providing accommodation of private patients in connection with the County Institution, and the results of this further development of the private side of the institution will be followed with interest.

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