

constant. I was concerned with the extent to which folk concepts of mental illness need to be ascertained before embarking on any comparative study involving psychiatric symptoms and/or diagnosis. While it may be an ideal counsel to recommend this groundwork before any comparative psychiatric study is undertaken, it is simply not practical and will not be followed. I introduced my example to suggest that differences in folk concepts of mental illness between native whites of Salford and London are unlikely to be of a magnitude to invalidate the use of the same criteria for psychiatric symptoms and diagnosis across the populations. This strategy does not of course exclude the study of other cultural differences between the two populations.

On another issue, it is Dr Littlewood's perception that I have 'put down' local Yoruba knowledge about smallpox. This is a clear illustration of the different value systems held by anthropologists and medical practitioners (although Dr Littlewood is both, in this instance he is taking an anthropologist's stance). As discussed in my previous letter (*Journal*, August 1990, 157, 296), an anthropologist is neutral as to whether or not people die of smallpox. His or her professional concern is with the local meaning of rituals and their value to the society that practices them. By contrast, the primary concern of the doctor is the prevention of disease and death, and he or she needs to determine whether a practice/ritual is effective in this respect. This by no means always involves 'putting down' non-Western practices. For over 2000 years Ayurvedic practitioners in India were using an effective antipsychotic agent, Rauwolfia, while doctors in the West were beating psychotic patients, chaining them and, even into the present century, immersing them in cold water. The meaning of these practices/rituals would be of interest to a social anthropologist, whereas the primary concern of a psychiatrist is that these ineffective methods of treatment have been replaced by effective ones, initially Rauwolfia.

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Ethnic minorities and the psychiatric system

SIR: Although we are somewhat uncertain how to acknowledge Littlewood's assessment of our paper (*Journal*, March 1990, 156, 373–378) as "not unuseful", we are grateful to him for his less ambiguous critical comments (*Journal*, September 1990, 157, 451–452). We agree that our study does

not address the question of subtle or unconscious racism, but this was not our purpose. One of the starting points for our investigation of police admissions to psychiatric hospitals was to find out how much agreement there was between the policeman and psychiatrist in diagnosing mental illness in emergency referrals. Our results revealed a very high degree of concordance. One of the reasons that we undertook this investigation was in response to an assertion, supported by Dr Littlewood, that "the police are *overtly* racist and selectively pick out non-mentally ill black people in the streets and take them to a psychiatric hospital under Section 136 of the Mental Health Act as an alternative to arrest" (Littlewood, 1986). We believe that our study, carried out in an area with one of the highest Section 136 admission rates in the UK, challenges this assertion, and raises the concern that *overt* racism is more likely to result in mentally ill subjects from the ethnic minorities being channelled into the criminal justice system instead of the psychiatric services.

We appreciate the value of case vignette studies of the type advocated by Dr Littlewood and used in the study by Lewis *et al* (*Journal*, March 1990, 157, 410–415). However, we are concerned that such an enlightened approach should not preclude descriptive studies which detail the progress of the ethnic minorities through the psychiatric services and the criminal justice system. It could even be argued that the results of such an approach (e.g. Harrison *et al*, 1988), which undoubtedly appear naive to the anthropologist, have brought transcultural psychiatry research to life in this country.

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LITTLEWOOD, R. (1986) Ethnic minorities and the Mental Health Act. *Bulletin of the Royal College of Psychiatrists*, 10, 306–308.

Benzodiazepine withdrawal

SIR: We thank Hawley for his kind comments on our paper (*Journal*, November 1990, 157, 777–778) and welcome the opportunity of replying.