

encounter many of the problems described by Drs Harrison & Clarke. In dealing with them we find the ideas of Tom F. Main, and his emphasis on the careful consideration of the community as a whole, especially helpful. We share with Wilfried R. Bion the experience that, given the proper setting, even very disturbed patients can develop a sense of responsibility to their group, to the hospital, and to society as a whole.

As we have to defend our general analytic approach continuously against many odds, we are grateful to Drs Harrison & Clarke for their summary of the historical roots of the work we do. We certainly agree that the "lessons learned at Northfield remain relevant to the practice of psychiatry today".

HEDI HAFFNER
KLAUS HOFFMANN

*Institut für Psychoanalyse
Waffenplatzstrasse 36
Postfach 6906
CH-8023 Zürich
Switzerland*

Self-neglect in adult life

SIR: I read with interest the recent case reports on self-neglect in adult life (*Journal*, August 1992, 161, 265–267). These two cases are not the only cases of squalor among younger patients. MacMillan & Shaw (1966) noted this in their original series, and this issue has been debated more recently (Shah, 1991). It has been suggested that age is not important in the development of this syndrome (Shah, 1991). Frontal lobe dysfunction (with or without dementia) has been suggested to be associated with the syndrome (Orrell *et al*, 1989; Shah, 1992). It would be interesting to know if Drs Vostanis & Dean have any evidence of frontal lobe dysfunction in either patient (particularly Case 1, who had the revised Weschler Adult Intelligence Scale test).

These patients can be managed through psychiatric services and the Mental Health Act when there is evidence of mental illness (Cybulska & Rucinski, 1986; Mulroy & Shah, 1992). However, up to 50% of these patients do not have psychiatric disorder (MacMillan & Shaw, 1966; Clark *et al*, 1975). In such situations, Section 47 of the National Assistance Act 1948 could be used. Here the patient can be removed to a place of safety (usually a hospital bed) "if he is suffering from grave chronic disease or, being aged, infirm or physically incapacitated, is living in insanitary conditions and is unable to devote to himself and is not receiving from other persons proper care and attention". This act offers powers

of placement but no powers of treatment. The local environmental health department can use other legislation to deal with squalor (Mulroy & Shah, 1992). Section 83 of the Public Health Act 1936 (amended by Section 35 of the 1961 Act) suggests that if "filthy or verminous premises" exist, then notice can be served to the owners or occupiers of the property to clean up. If this is not complied with then the environmental health department can clean up. An adjunct to this is Section 84 of the Public Health Act 1936, whereupon "filthy and verminous persons" can be "deloused".

Prevention of damage by the Pest Act 1949 (Section 4) may be useful if there is evidence of infestation with rats and mice. This can be served upon owners and occupiers. The neighbours may be able to invoke the nuisance provision under Section 80 of the Environmental Protection Act 1990.

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AJIT SHAH

*Academic Unit for Psychiatry of Old Age
St Vincent's Hospital Clinical School
Mont Park Hospital Campus
Private Bag No. 1
Rosanna
Victoria 3084
Australia*

The designation of black people in psychiatric research

SIR: Anthropologically speaking, there are only three major ethnic divisions of *Homo sapiens*, namely the negroid, caucasoid and mongoloid races. Although the words 'negroid' and 'negro' are still used in anthropology, there has been a tendency to avoid their use elsewhere, as these terms have, principally thanks to American racism and the resultant civil rights movements, acquired a connotation of racial abuse. (Similar considerations apply to the term