also failed during the fires. Many of the vehicles used were powered by petrol motors, or had petrol pumps working the fire fighting equipment. The intensity of the heat was sufficient to vaporise the fuel in the lines. As a result they were often trapped in extraordinarily dangerous circumstances without equipment to protect themselves.

Having spoken to many of the fire fighters, this experience was both way beyond their wildest expectations of a major fire and had all the elements of extreme surprise and threat. Having interviewed many victims of the disaster (McFarlane, 1986) as well as studied the families of those victims (McFarlane *et al*, 1987), it appears that the experience of these fire fighters was often worse than that of the victims themselves because they were repeatedly exposed to extreme danger as well as having at times to remain on duty for periods of up to three days.

The experience of these fire fighters was thus one similar to all victims of extreme threat and danger. While they had some training, in the circumstances experienced, this offered them little or no protection. Therefore these data, I believe, are generally applicable to the aetiology and phenomonology of PTSD.

A. C. McFarlane

Hillcrest Hospital
Fosters Road
Gilles Plains
South Australia 5086

References

McFarlane, A. C. (1986) Post traumatic morbidity of a disaster: a study of cases presenting for treatment. *Journal of Nervous and Mental Disease*, **174**, 4–14.

——, Policansky, S. K. & Irwin, C. (1987) A longitudinal study of psychological morbidity in children due to a natural disaster. *Psychological Medicine*, **17**, 727–738.

Webster, J. K. (1986) *The Complete Australian Bushfire Book*. Australia: Thomas Nelson.

Malaria presenting as atypical depression

Sir: Arun Prakash & Stein (*Journal*, April 1990, **156**, 594–595) mention hysterical stupor and atypical depression as sequelae to cerebral malaria. However, this seems disputable.

The World Health Organization (1986) specifically recommends to restrict diagnosis of cerebral malaria to patients with unarousable coma (showing non-localising or absent motor responses to noxious stimuli), in whom other causes of encephalopathy have been excluded. So, mild or transient cerebral dysfunction in a patient with malaria should not automatically be diagnosed as evidence of sequestration of parasitised erythrocytes in the cerebral vascular bed, which is the underlying pathophysiology of cerebral malaria (Osuntokun, 1985).

In addition, it seems improbable that at the time of admission the patient was actually suffering from malaria. In a non-immune individual not using antimalarial prophylactic medication, normal clinical as well as laboratory tests virtually rule out the diagnosis. Even in low-grade infections, splenomegaly, slight anemia and a raised erythrocyte sedimentation rate are obligatory (Manson-Bahr & Apted, 1982).

Plasmodium vivax malaria, which occurs in Thailand, may remain dormant for a long time, especially after insufficient chemoprophylaxis (Manson-Bahr & Apted, 1982). It can be reactivated among others by immunosuppression. A major depressive episode (Denman, 1986), malnutrition (Chandra, 1983) and, possibly, treatment with a tricyclic antidepressant (Denman, 1986) have been reported to impair immunocompetence. Therefore, it appears more likely that the malarial attack in this patient occurred in the course of and not before her depressive episode. Of course, this does not make treatment any less imperative.

H. B. P. E. Gernaat

Rosenburg Psychiatric Centre
PO Box 53019
2505 AA 's Gravenhage
The Netherlands

References

Chandra, R. K. (1983) Nutrition immunity and infection: present knowledge and future directions. *Lancet*, *i*, 688–691.

Denman, A. M. (1986) Immunity and depression. *British Medical Journal*, **293**, 464–465.

Manson-Bahr, P. E. C. & Apted, F. I. C. (1982) Malaria and babesiosis. In *Manson's Tropical Diseases* (18th edn), pp. 38–71. London: Baillière Tindall.

Osuntokun, B. O. (1985) The nervous system in malaria. *Tropical and Geographical Medicine*, **37**, 209–215.

World Health Organization Malaria Action Programme (1986) Severe and complicated malaria. *Transactions of the Royal Society of Tropical Medicine and Hygiene*, **80** (suppl.), 3–50.

Anorexia nervosa in people of Asian extraction

Sir: Bhadrinath (*Journal*, April 1990, **156**, 565–568) presented three case-reports of anorexia nervosa in adolescents of Asian extraction which were very interesting. We are led to believe that the condition in non-white populations in the UK is very rare. Despite the small numbers of people from ethnic minority groups in the area of East Suffolk we have seen the condition in a teenage girl from a