References

MELZACK, R. (1975a) The McGill Pain Questionnaire: major properties and scoring methods. Pain, 1, 277–299.

PILOWSKY, I. & BASSETT, D. L. (1982) Pain and Depression. British Journal of Psychiatry, 141, 30-36.

Psychiatric Disturbances in the Shy-Drager Syndrome

DEAR SIR,

The neurological multiple system atrophy (MSA) described in 1960 as Shy-Drager syndrome is caused by a progressive loss of catecholaminergic cells of the intermedio-lateral column of the spinal cord and, to a lesser extent, by a loss of cells of substantia nigra, nucleus coeruleus, nucleus tractus solitarius and preganglionic vagal neurons. A loss of noradrenaline and dopamine within the hypothalamus and limbic system is also observed (Bannister, 1979). This fact might account for the emotional disturbances observed during the course of the illness. I have recently examined a patient whose psychological disturbance preceded the appearance of an uncommon symptom—laringeal paralysis and, later, that of the most typical sign, postural hypotension.

The patient was a 59 year old man who eight years previously suffered from dysthymic disorder for about two months. Three years prior to presentation a relapse took place and, in April of the same year, he underwent an operation of arytnopexis because of a unilateral syndrome of Gerhardt (paralysis of the laringeal abductors).

Two years ago, while still under tryciclic antidepressive therapy, the patient began to show prominent signs of postural hypotension. The tryciclic therapy was discontinued and, after the diagnosis of Shy-Drager syndrome was made therapy with fludrocortisone and hypernatriemic diet was begun. Until a couple of months ago the course of the illness proved satisfactory, but in October it was necessary to resume tricyclic antidepressants.

This case is interesting because it is associated with symptoms which may not be recognised as signs of a Shy-Drager syndrome: disturbances of mood and laryngeal paralysis. While the latter is recognized as an early symptom of MSA (Bassich et al, 1984), it is

not yet clear to what extent psychological symptoms may accompany and even forerun the neurological signs.

A systematic investigation of the psychological and psychiatric aspects of this syndrome would be of interest.

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References

BANNISTER R. (1979) Chronic autonomic failure with postural hypotension. *Lancet*, ii, 405-406.

BASSICH, C., LUDLOW, C. L., POLINSKY, R. J. (1984) Speech symptoms associated with early signs of Shy-Drager syndrome, Journal of Neurology, Neurosurgery and Psychiatry, 47, 995-1001.

Schizophrenia and Ethnicity

DEAR SIR.

It is disturbing to find the introduction of apartheid terminology into what may be considered a scientific paper (Journal, December 1985, 147, 683-687). The South African authors' aim was a comparison of PSE diagnosed Catego class 'S' schizophrenia in three 'ethnic' groups. Their subjects' ethnicity was described as 'white', 'coloured' and 'blacks'. This unfortunately is an arbitrary racial categorisation perpetuated for political reasons and to facilitate racial segregation by the minority government in South Africa. Does this have any place in scientific literature? What was the basis on which 'coloured' people were so categorised? It may be understandable why researchers working in a particular political climate are influenced by the prevailing dominant ideologies but it must be a matter of concern that the Journal saw fit to print an article with politically loaded definitions of little scientific import.

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A HUNDRED YEARS AGO

Part III—Psychological Retrospect

1. English Retrospect. Asylum Reports

Lancashire. Rainhill. A murderous assault was made by a male patient on the head attendant, who fortunately escaped with a wound of the wrist. The patient had secreted a knife from the bakehouse, and intended to kill one of the assistant medical officers. He was committed for trial, and subsequently transferred to Broadmoor. The Commissioners recommended his being put on trial, "as a warning to other lunatics, many of whom think that they can commit crimes with absolute impunity."

Reference

transferred to Broadmoor. The Commissioners Journal of Mental Science (1886) October. Vol. XXXII. Pp 424.

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