

132 (47%) did not attend. This was a highly significant difference ($P < 0.01$) and suggests that there is a great deal of reluctance for people to become associated with psychiatric hospitals.

The drive towards community-based care in the form of community health teams we would hope to be an important factor in eliminating this stigma by making the services more accessible and less intimidating for the people who may require their help.

In addition, patient access to medical records may have an important part to play in de-stigmatising psychiatry. Psychiatrists could take this opportunity to improve doctor/patient communication and show that psychiatry is not the secretive and sinister profession it is often portrayed to be.

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Observation of the suicidal in-patient

DEAR SIRs

There is substantial psychiatric literature concerning the assessment of suicidal risk. There is little empirical assessment of observation of the suicidal in-patient. It has been suggested that a code of practice might be formulated (Morgan, 1988). We felt it might be helpful to construct a picture of day-to-day clinical practice on a nation-wide basis.

A postal questionnaire concerning this subject received a disappointing response rate (55%) which precludes meaningful statistical analysis. We feel, however, that the findings merit some discussion. The vast majority of units who responded had a written policy concerning observation. Two-thirds utilised constant surveillance of the patient. In the majority of units the level of observation was a multidisciplinary decision. In four, nursing staff alone made this decision.

A clear majority of respondents felt that a controlled trial of observation would be unethical. We would suggest that this probably reflects a high degree of confidence in this regime.

Our experience is that patients find this practice intrusive and often resent it. Conversely, relatives appear grateful for it. We do wonder, however, given the loss of privacy involved, whether there is a case for its being included as a treatment requiring informed consent or a second opinion from a psychiatrist approved under Part IV of the Mental Health Act 1983.

The final issue concerns the prison system. Despite calls for prison reform, there have so far been no moves to implement this regime for the suicidal patient within the prison system. The obvious difficulty here is the resource implications for over-

stretched prison hospitals. Given that the option is a form of seclusion ("unfurnished accommodation") we would suggest that this issue should be urgently addressed.

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Reference

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Air freshener perfumes

DEAR SIRs

Over the last 12 years, I have collected 51 cases who appear to be adversely affected by the presence of so-called 'fresh' perfumes in their environment. They present with symptoms of tiredness, nausea, headache and mild derealisation. A minor subgroup suffer irritation of the nose, chest or eyes and three of the cases were severely disturbed emotionally, with tearfulness and inability to cope. One young man was contemplating suicide. Signs of fine tremor, intention tremor, nystagmus and an unsteady Rombergs test were present in most (Lawson, 1985). In all cases, symptoms resolved completely when they cleared sources of 'fresh' odourants from their environment. None of the cases went on to develop anxiety or depression needing treatment in its own right.

'Fresh' perfumes, like traditional perfumes, are a mixture of many different odourants, but a greater proportion of the constituents are synthetic in the case of the 'fresh' variety. There is also the possibility that a new agent – the 'Malodour Counteractant' – discovered by A. Schlepink in 1968 and developed by Monsanto, has a specific mode of action in blocking the exchange of protons, which is a leading feature of unpleasant odourants (Schlepink, 1981).

It is thought that fresheners act by stimulating the olfactory nerve so strongly that unwanted odours are not perceived. The theoretical consequences of strong stimulation of the olfactory nerve are interesting. There is no doubt that the major input is to the rhinencephalon, now termed the limbic lobe, and thought to mediate emotion. There are also connections between the olfactory nerve and the hypothalamus and the caudate nucleus. There is therefore some theoretical basis for the observed effect on emotions and on muscle tone. Further corroboration of the likelihood of perfumes affecting mood comes from the work of Dodd, who has used perfumes to induce beneficial mood changes (Dodd & Van Toller, 1983).

Although these clinical observations are 'mere anecdotes', I believe they are now numerous enough to support the hypothesis that 'fresh' perfumes may significantly affect the well-being of some individuals. A crude extrapolation from this study would suggest that some 50,000 people a year in the UK might be adversely affected by air freshener perfumes. I believe that the onus of proof now rests with the regulatory authorities and the perfume industry who should put forward resources to enable this hypothesis to be tested.

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Wisdom

DEAR SIRs

I followed with great interest Larry Culliford's series 'Reading About Wisdom' (*Psychiatric Bulletin*, 1991, 15, 638–639). But having studied the essays I was still not sure what the series was about and would welcome Dr Culliford's clarification on what wisdom is?

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DEAR SIRs

The recent series on Wisdom was something of a sequel to an earlier piece in the *Bulletin*, (1984, 8, 186–187). In this I attempted to answer the question, "What is Wisdom?"

Briefly I began with a conventional definition, acknowledging that it was not entirely satisfactory. ("A recognisable attribute of human beings, reflected in their thoughts, words and actions, derived through intuition and through individual contemplation of ideas, knowledge and experience of all kinds"). I went on to mention Erik Erikson's work on Wisdom as the hoped-for outcome of the life cycle and old age. I made comparisons between wisdom and knowledge, also wisdom and common sense, suggesting that these three are akin but distinguishable.

More recently I have had the thought that wisdom is that to which the heart and mind naturally aspire when one's self-seeking fades away.

The Abbot of a Buddhist Monastery in England said not long ago, "Wisdom isn't something you get, it's something you use. It is not something that you don't have and that you have to get. It's something you start using because it's everywhere; it is here and now. It may even be used in the little things; in just standing, sitting, walking, lying down. It is contemplation, reflection. It is being alert while being and doing.

You may not always feel wise when using wisdom in this way, but that is what it is."

It is difficult to be definitive on the question of what wisdom is. The 1984 article and these ideas may not be fully illuminating. They are simply offered for reflection. Where there is darkness, even the smallest flame may offer comfort.

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DEAR SIRs

'Reading about Wisdom' was a satisfying conclusion to a stimulating series (Culliford, 1991). It would be inappropriate to criticise the choice of material recommended in this particularly subjective area. I would, however, like to suggest three additional subjects that may have been included.

Firstly, among the ancient Eastern traditions considered in the series Sufism was largely neglected, despite the ready availability and interesting nature of the "teaching stories" of Idries Shah. Secondly, there is a considerable body of literature describing parallels between psychotherapy and such Eastern theologies, an example being Erich Fromm's comparison of Zen Buddhism and psychoanalysis, which could be included in such a recommended reading list. Finally, the Judeo-Christian tradition should not, through familiarity, be neglected as a source of Wisdom.

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- CULLIFORD, L. (1991) Reading about Wisdom. *Psychiatric Bulletin*, 15, 638–639.

DEAR SIRs

I entirely accept Dr Hosty's suggested inclusions.

My experience of Sufism is limited, but I have read and enjoyed some of the Idries Shah stories.

In positive comparison to the Fromm book I can also recommend, *Yoga and Psychotherapy; The Evolution of Consciousness* on a similar subject by Swami Rama, Rudolph Ballantine and Swami Ajaya, published in 1976 by the Himalayan International Institute, Honesdale, Pennsylvania.