

small sample) between patients with schizophrenia and controls on either Sephadex G-25 or Biogel P-2. Our findings give no support to the view that the patients with schizophrenia can be readily distinguished from normal subjects by an analysis of the chromatographic profile of peptide excretion in urine.

Although we have not studied patients with unipolar and bipolar depression, autism or the hyperkinetic syndrome we consider that the uncertainties concerning the precise methods adopted by the Norwegian workers and the technical difficulties revealed in the course of our investigation cast their conclusions concerning the role of peptides in these conditions in doubt.

The methods used are complex, with many possible sources of variation, and we suggest that a more rigorous and quantitative approach than that so far adopted by this group of workers is required before these findings can be regarded as reflecting on the nature of the disease processes in question.

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#### Diazepam abreaction

SIR: Recently, Ellis (1990) made some interesting observations about the role of diazepam and other sedative drugs in abreaction interviews. However, this is not the first time such a practice has been adopted. In fact, this practice has been in routine use

for more than 15 years in preference to 'amyltal test' at the Department of Psychiatry, All India Institute of Medical Sciences, New Delhi, where some of us trained as psychiatrists in the early 1980s. In India, conversion hysteria is a very common clinical diagnosis not only in psychiatric out-patient clinics but in general practice and medical out-patients as well. Intravenous diazepam abreaction interview is generally much safer as compared with the 'amyltal test' and can be useful in primary care settings where facilities for intubation and resuscitation are not very good. It is in this setting that a doctor in India encounters numerous cases of conversion hysteria. The use of diazepam abreaction is so common there that one does not consider it to be a rarity worth publishing. We have, incidentally, mentioned this clinical use of diazepam while discussing case histories of patients with multiple personality disorder (Adityanjee *et al*, 1989).

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#### Racial stereotypes

SIR: The paper by Lewis *et al* (*Journal*, September 1990, **157**, 410–415), is to be commended as an attempt to elucidate British racial stereotypes that may influence diagnostic practice. However, I do not think the study addresses the issue of racism in psychiatry – at least not very fully – and the title of the paper ("Are British psychiatrists racist?") is a misnomer.

In their report on the influence of racial stereotyping on diagnosis, the authors state that their findings refute the claim that British psychiatrists tend to over-diagnose schizophrenia among Afro-Caribbeans. I do not think that such a conclusion can be drawn from their study as reported. The use of case vignettes is a useful tool in this type of research in spite of the obvious drawback (referred to by the authors) that the