

He has been well or even slightly hypomanic since. Ultrasound scan of his kidneys showed a number of small cysts in the right kidney and a single large cyst in the left kidney, but his renal function is normal. He has a younger brother who is well psychiatrically.

Unfortunately, there are insufficient surviving members of Mrs F's family to allow gene linkage studies and there was a resistance within the family for further ultrasound scanning.

ADPKD is the most common genetic disease (Gabow, 1990). The clinical phenotype can result from one of two gene defects. One of these is located on the short arm of chromosome 16, while some 4% of families with the disorder have an unknown mutation elsewhere in the genome (Parfrey *et al*, 1990). There is a suggestion that the q21-22 region of chromosome 11 may be a promising area to examine for genes predisposing to major mental illness (St Clair *et al*, 1990) and particularly that bipolar affective disorders may be linked to DNA markers on chromosome 11 (Egeland *et al*, 1987).

Despite the difficulty in completing investigations of our patients it is a rare combination of circumstances and we felt that the case should be reported so that if any other clinicians have a similar family it may be possible to take the issue further.

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Down's syndrome, longevity, and Alzheimer's disease

SIR: Prasher (*Journal*, November 1992, **161**, 722) comments on the rare elderly Down's syndrome individuals who have not developed Alzheimer's disease, either clinically or neuropathologically. Dr Prasher is right to suggest that these cases are of interest, since they may also shed light on the role of the β -amyloid precursor protein (APP) gene in both disorders.

There is now strong evidence that abnormalities in the APP gene and its products are a central mol-

ecular event in the aetiology and pathogenesis of Alzheimer's disease. The APP gene is located on chromosome 21. In Alzheimer's disease associated with Down's syndrome, the cause is thought to be overexpression of the APP gene concomitant with the extra copy of genes on chromosome 21. It is therefore of significance that a small number of Down's syndrome cases are not due to complete trisomy of chromosome 21, but merely part of it; crucially, this 'obligatory' Down's syndrome region does not include the APP gene locus (Korenberg *et al*, 1990). Thus, the Down's syndrome individuals who die without Alzheimer-type pathology may be those without triplication of the APP gene. This could be tested by a combination of cytogenetics and subsequent neuropathological analysis.

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Eating disorders in Hong Kong

SIR: Lee *et al*'s report on bulimia nervosa in Hong Kong (*Journal*, October 1992, **161**, 545-551) and their earlier report on anorexia nervosa in Hong Kong (1989), raise the interesting question of the extent of sociocultural factors in the aetiology of anorexia nervosa. This disorder, once seen primarily among the affluent white populations, has now been widely reported in developing countries and Eastern cultures.

Our study in West Malaysia, a multiracial developing country, supports Lee's studies that eating disorders are rare. We examined the ward registers of admissions to male and female psychiatric wards in the University of Malaya from 1970 to 1988. No male cases were detected in approximately 8000 male psychiatric admissions. Out of over 9000 female admissions, 15 cases fulfilled two or three of the criteria for anorexia nervosa (weight loss, amenorrhoea, and characteristic psychopathology). There were 13 Chinese, one Malay and one Indian. One had a history of bingeing. There was only one case of bulimia nervosa. She was a 24-year-old girl who had a four-year history of binge eating. Lee pointed out that body-image disturbance has not been found among anorexia nervosa subjects in India and that the diagnostic criteria may need to be modified in

non-Western cultures. Anorexia nervosa has been widely reported in Japan (Suematsu *et al*, 1985), but very wide diagnostic criteria appear to have been used. Ong *et al* (1982) reported seven female cases of anorexia nervosa in Singapore, six of whom admitted to the desire for a thin body image.

Our retrospective study (which meant that disturbance of body image may not have always been enquired into) found that 9 out of 15 cases had body-image disturbance similar to that found in the Western population.

It appears that more cases of anorexia nervosa and bulimia nervosa are coming to the attention of psychiatrists working in developing countries and with ethnic minorities in Western countries. Further studies of the sociocultural factors and attitudes towards slimness as a desirable body shape may help to contribute to a better understanding of the role of these factors in the aetiology of anorexia nervosa.

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Journal, December 1992, **161**, 877. The price of *Psychoanalysis: Clinical Theory and Practice*, by J. A. Arlow, should be US\$55.00 not £55.00.

A HUNDRED YEARS AGO

The treatment of habitual criminals

The "Mittheilungen", or "Bulletin" (it is, as usual, partly in German, partly in French), of the International Association of Criminal Law for April, 1892, is devoted to the meeting of the Association at Christiania in 1891. Perhaps the most interesting discussion was that regarding the habitual criminal and his treatment. In a report on this subject, chiefly founded on the statistics of France, Germany, and Italy, Prof. van Hamel, the well-known criminologist of Amsterdam, points out that the increase of criminality in recent years is mainly, if not solely, due to the increase of recidivism. The number of criminals is increasing, especially in France, but it is the number of punishable acts committed by each criminal which is especially increasing. In France during thirty years the number of recidivists has increased 116 per cent., the number of first offenders only 18 per cent. Similar results are found in England, Germany, Italy, and elsewhere. Van Hamel proposes that every habitual criminal – a certain number of offences being fixed to prove recidivism – should be placed for observation during a period of twelve months in a special estab-

lishment. He should then be brought before a special court established for the purpose, which would hear the evidence of doctors, officials, etc., and determine the method of treatment to be applied to him. Uppström, of Stockholm, then took up the question. He brought forward further evidence as to recidivism in various countries, and insisted on the importance of never liberating recidivists until there is a reasonable assurance that they will adopt an honest life. He also dwelt on the importance of educating the will, and expressed agreement with van Hamel. A resolution in the sense of van Hamel's report was unanimously passed. It was an interesting indication that lawyers are gradually tending to fall into line with doctors where the criminal is concerned, especially when taken in connection with the recent Congress of Criminal Anthropology, when the lawyers mustered in unusual strength, and on the whole rallied to the medical side.

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