comparable with many Western countries. Health and economic indices which give insight into its present status are listed below.

- (a) A literacy rate of 91%, compared with 96% in USA.
- (b) Over 90% of people in Kerala own the land on which their home stands. "There are more homeless in the streets of London than in Trivandrum (Kerala's capital city)" (Baird, 1993).
- (c) Eighty-five per cent of girls stay at school until age 14 and more than 30% of government jobs are held by women.
- (d) Kerala's crude birth rate and infant mortality rate compares favourably with European countries (Black, 1993).
- (e) Health awareness and standards are high and most families have access to primary care facilities within walking distance.

Pockets of privation exist in Kerala, as in any country. But the "selective abstraction and over generalisation" which characterise the report makes one wonder whether the authors were interested in research or in sensationalism typical of the "butterfly catching transcultural psychiatrists".

BAIRD, V. (1993) Paradox in paradise; Kerala, India's radical success. *New Internationalist*, **241**, 1-28.

BLACK, J.A. (1993) The population Doomsday forecast: lessons from Kerala. *Journal of the Royal Society of Medicine*, 86, 704–706.

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Sir: I read the foreign report by the Hacketts (Psychiatric Bulletin, 1993, 17, 752–754) with a sense of jamais vu. I have practised psychiatry in a university teaching hospital in Kozhikode (formerly known as Calicut). I could not recognise the place they described.

Kerala is one of the most progressive states in India. It has been hailed as a model for social and economic development for the so-called third world and the poor European nations (Baird, 1993). People in Kerala live longer and the quality of life is comparable with many Western countries (Jeffrey, 1992). Ninety per cent of Kerala's villages have a fair price shop within two kilometres and two thirds of the state's subsidised basic foods go to the poorest 30% (Frankey & Chasin, 1991).

Free primary health care facilities are available within walking distance for the majority of the population (Black, 1993). Of the 3000 psychiatrists in India (population=800 million),

about 800 are practising in Kerala (population=30 million). I appreciate that child psychiatry has not achieved the status of a sub-speciality but many psychiatrists take special interest in the psychological care of children. I always believed that the paediatricians and neonatologists in Kerala are doing a good job. An infant mortality rate of 27 per 1000 bears witness to the high standards of paediatric care and nutrition (Black, 1993). The grim picture of a third world country, ridden with dirt, disease and poverty as painted by the Hacketts, is totally inaccurate.

They make a sweeping statement that children of Kerala have to struggle with material deprivation, oppressive regimes of formidable elders and harsh religious indoctrination: they compare them with the "liberally reared, centres of attention children" in Britain. I found this amusing. Having worked in the child psychiatric departments of London and Dublin, I have come across many deprived and neglected children. It will be unpardonable for me to generalise from this experience, like the Hacketts have done. They remind me of the proverbial blind men who ventured to 'see' the elephant: the authors seem to have fumbled upon a patch of pyoderma and did not care to appreciate the magnificent trunk and tusks.

BAIRD, V (1993) Paradox in paradise; Kerala, India's radical success. New Internationalist, 241, 1-28.

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Sir: Our description of one of the areas where we conducted our epidemiological study into neuropsychiatric disorders in children seems to have touched a nerve. Although Babu & Michael and Mirza berate our account for generalising, it is they who have extrapolated our comments beyond the area from which we randomly selected our 1400 subjects. In doing this they have uncritically quoted state-wide statistics from the colourful magazine New Internationalist. These conceal the wide economic diversity of the state. Indeed Calicut District is probably not the poorest in Kerala. Have they ever rolled up their sleeves and conducted a large epidemiological study?

Our differing perceptions may also stem from the fact that they were medical college psychiatrists while we were doing door to door research in the community. Our experience was that many young psychiatrists have seen little of

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