

References

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Sir: Hickling & Hutchinson (*Psychiatric Bulletin*, March 1999, **23**) are to be congratulated on their attempt to link the experience of racism to mental illness for a general psychiatric publication. Yet, apart from Fanon, there is nothing so very new in this (Parker & Kleiner, 1975; Royer, 1977; Littlewood, 1981; Adebimpe, 1984). Where they have failed is in not suggesting any intermediate pathways between a social and political situation and the neuropsychological consequences of what psychiatry takes as schizophrenia. Not an easy undertaking admittedly: though the apparent high rates in Irish and Maori people, and other groups, might suggest something which links politics to self-deprecating identity via language use.

The authors use of 'pejorative' is puzzling given that they themselves consider an identity as a 'psychosis'. My account of *tabanka* in Trinidad was to show how this type of sexual desertion was locally construed as a form of illness (Littlewood, 1993). Indeed in the early 1980s it was common for country people to maintain there was a ward in the state psychiatry institution specifically for victims of *tabanka*.

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Sir: Hickling & Hutchinson's (*Psychiatric Bulletin*, March 1999, **23**, 132–134) criticism of international classification systems is erroneous. Such diagnostic systems have been internationally piloted (Sartorius *et al*, 1988) and the resulting consensus accounts for the priority given to form rather than content. Thus, the symptomatic concerns of patients from all cultures may map poorly onto rigid diagnostic guidelines. In this and other respects, the proposed 'roast breadfruit psychosis' resembles the descriptions of de Clérambault's, Capras and Othello syndromes (Enoch & Trethowan, 1979). They represent human beliefs and behaviours, which only become classifiable when exaggerated to a psychotic degree. The memorable and symbolic themes of such syndromes make them a favourite of examiners, the topic of coffee room discussions and the inspiration for works of fiction (McEwan, 1998). This attention is, perhaps, out of proportion to their prevalence.

Diagnosis should be a synthesis of classification and understanding. By proposing a content-based diagnostic category, the authors are asking mental health professionals to risk ignoring the meaning of patient's complaints; to act as an arbitrator of cultural authenticity and to adopt a term of intra-racial abuse as an eponym. Do the authors expect that use of the term roast breadfruit syndrome will improve the relationship of psychiatrists and African-Caribbean patients?

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Replicating mistakes in Aboriginal mental health

Sir: Dr Laugharne, in his article about working with an Aboriginal community in Australia (*Psychiatric Bulletin*, February 1999, **23**, 111–113), shows great sensitivity and insight into the historical, political and social context that