Brit. J. Psychiat. (1972), **120**, 471–6

Correspondence

Letters for publication in the Correspondence columns should be addressed to:
The Editor-in-Chief, British Journal of Psychiatry, Chandos House, 2 Queen Anne Street, London, W1M 9LE.

PSYCHIATRIC SEQUELAE OF THE BELFAST RIOTS

DEAR SIR,

H. A. Lyons in 'Psychiatric Sequelae of the Belfast Riots' (*Journal*, March 1971) presents conclusions that are not supported by his evidence. His investigation was of a *self-selected* sample of the Belfast population, and it is not possible to make any generalization about the population on the basis of such a study. The atypicality of Lyons' sample is shown most strikingly by the fact that 63 per cent of the Part I sample and no less than 90 per cent of the Part II sample had previously received psychiatric treatment.

Without a study of a random sample of the Belfast population at large, or at least a control group for his present study, Lyons' *Conclusions* (p. 272) are plainly absurd.

ROBERT MOORE.

University Department of Sociology,
King's College,
Old Aberdeen, AB9 2UB.

DEAR SIR,

The purpose of my paper was to study the psychiatric consequences following the severe Belfast riots of August 1969. Patients attending their general practitioners with psychiatric symptoms, and admission rates to mental hospitals, are well recognized and accepted methods of studying psychiatric morbidity in communities which have well developed psychiatric services (Hewetson, J. C. *et al.*, 1963; Kessel, W. I. N. and Shepherd, M., 1962; Norris, V., 1959; Shepherd, M., Brown, A. C. and Kalton, G. 1966; Taylor, S. J. L. and Chave, S., 1964).

The patients studied were a self-selected sample in that they were those who developed symptoms severe enough to consult their family doctor or be referred to a psychiatrist. There obviously were many others who developed symptoms of anxiety but accepted these as a normal reaction to the stress situation; but those who went to their doctor would represent the more severely disturbed, thus reflecting the psychiatric morbidity.

As regards patients referred to psychiatrists: all those admitted to day hospitals or the Belfast area mental hospital during the six week period following the riots were screened by the independent psychiatrist involved, and those whose illness was in any way related to the riots were selected for further study.

As the references quoted in my paper indicated, hospital admission rates have frequently been used during times of war, both international and civil, to study psychiatric morbidity. These studies have shown that it is the vulnerable who break down at these times, and the Belfast finding of a high incidence of previous psychiatric illness is in keeping with this, and could not be regarded as atypical.

The suggestion by Moore that a random sample should be studied is rather naive, indicating some lack of appreciation of the conditions existing in a riot situation, where high levels of suspicion and hostility would render co-operation in sampling unlikely. Furthermore it is important to assess patients clinically in the acute situation, as retrospective studies are fraught with inaccuracy. If one were to attempt a random sample in these circumstances one might well encounter a random bullet!

H. A. LYONS.

Purdysburn Hospital,
Belfast, 8.

REFERENCES

HEWETSON, J. C., *et al.* (1963). 'Incidence of psychiatric disorders in general practice.' *Practitioner*, **190**, 127.

KESSEL, W. I. N., and SHEPHERD, M. (1962). 'Neurosis in hospital and general practice.' *Journal of Mental Science*, **108**, 159–542.

NORRIS, V. (1959). *Mental Illness in London.* Oxford University Press.

SHEPHERD, M., BROWN, A. C., and KALTON, G. (1966). *Psychiatric Illness in General Practice.* London: Oxford University Press).

TAYLOR, S. J. L., and CHAVE, S. (1964). *Mental Health and Environment.* London: Longmans.

THE LANGUAGE OF SCHIZOPHRENIA

DEAR SIR,

I should like to offer a couple of critical comments on the very welcome paper by Maher on the 'Language of Schizophrenia' (*Journal*, January 1972).

Firstly, concerning the table of type-token ratios from schizophrenic speech and written material: I feel it should have been made clear that the T.T.R.