long stay wards. Those who are admitted to hospital are experiencing a service that continues to improve. We believe therefore that further work could usefully be done with this group of mentally handicapped individuals who are with us now, as with a more progressive philosophy of care and increased resources the opportunity to study such a group should fortunately disappear.

D. J. Bicknell
A. J. Blowers

Botleys Park Hospital,
Chertsey, Surrey

References

Blowers, A. J. & Bicknell, D. J. (1979) The relevance of antipsychotic medication in tardive dyskinesia in the elderly. In: *Phenothiazines and Structurally Related Drugs —Basic and Clinical Studies*. (Eds. E. Usdin, H. Eckert and I. S. Forest). New York: Elsevier North Holland.

National Institute of Mental Health, Psychopharmacology Research Branch (1975) Development of a dyskinetic movement scale. *Early Clinical Drug Evaluation Unit Intercom*, **4** (1), 3–6.

Sovner, R. D. (1978) *Tardive Dyskinesia: Diagnosis and Management*. San Francisco: Cinematherapy Inc.

PSYCHIATRIC MORBIDITY IN INDIA

Dear Sir,

In their paper on psychiatric morbidity in India (*Journal*, January, 1980, **136**, 78–85) Professor Nandi and his colleagues compare patterns of family morbidity in different groups: 'Over 53 per cent of the Brahmin families and over 27 per cent of Scheduled Caste families had *more than one affected member*, while the tribal community had one affected member in 12 per cent of its families. Considering the differential rates of individual morbidity in the Brahmins, Scheduled Caste and Tribes it appears that morbidity in families occurs in the same pattern in each group' (page 80, my italics). Is it possible they are referring here to the total percentage of affected families in each community and not the percentage of families with more than one affected member? There appears to be a certain ambiguity between the figures here, and between these and those on page 76.

The morbidity for the Brahmins (average family size 6.6) is 115 per 1,000; for the Scheduled Castes (average family 5) it is 72 per 1,000 and for the Tribes (average family 4.7) it is 25 per 1,000. The average Brahmin family is thus likely to have 0.76 members psychiatrically ill, the Scheduled Caste family 0.36 and the Tribal family 0.12 (calculated from Table IV). Assuming independent genesis of psychopathology in each individual, the chances of there being two affected individuals in the Brahmin family are 0.58, for the Scheduled Castes 0.13 and for the Tribes 0.01. If the figures quoted on page 80 do relate to families with more than one affected member, which appears unlikely given the total number of cases, then there seems to be more 'bunching' of cases in the Scheduled Castes and Tribes than for the Brahmins. This would suggest that intra-community differences are less significant among the Brahmins, although the authors suggest Brahmin society is less homogeneous. In fact *occupation* among the Tribes, but not among the Brahmins or Scheduled Castes, appears related to psychopathology (Table VIII), which is somewhat at variance with the view of 'tribal societies' as ones which do 'not have social stratification and occupational specialization'.

Roland Littlewood

Institute of Social Anthropology,
Wolfson College, Oxford OX2 6UD

LANGUAGE LATERALIZATION AND UNILATERAL ECT

Dear Sir,

A report by Levy and Reid (1976) indicates that it is possible to identify cerebral lateralization for speech by an examination of the way in which an individual holds a pen. In 72 out of 73 cases, Levy and Reid correctly identified the hemisphere specialized for language by discerning whether the individual's pen grip during writing was inverted or non-inverted.

A non-inverted grip describes the way of holding a pen such that the hand is mainly below the line of writing; whereas a person whose hand is mainly above the line of writing has an inverted grip.

Left hemisphere language specialization was found to correspond to non-inversion in right-handed writers and to inversion in left-handed writers. Conversely, right hemisphere specialization for language was found in right handers with an inverted grip and in non-inverted left-handers.

Because of the speed and simplicity with which a person's pen grip may be observed, Levy and Reid's results may be readily adopted for clinical purposes. One such application is in the choice of hemisphere to which unilateral ECT should be administered. Using Levy and Reid's method it should be possible to minimize any deleterious effects of ECT given to the hemisphere responsible for speech.

G. S. Allen

All Saints Hospital,
Lodge Road,
Birmingham B18 5SD

Reference

Levy, J. & Reid, M. (1976) Variations in writing posture and cerebral organization. *Science*, **194**, 337–39.