

without morbidity and detractors. There is a need for a more formal survey and more uniform protocol, validated by empirical data. Of course the argument that efficacious electroencephalograph (EEG) seizure activity can occur in the absence of a clinically detectable fit impacts upon this subject and warrants further study. Nevertheless, in the interim, specific attention should be given to whether the application of a repeat stimulus significantly increases the likelihood of a fit and, if the stimulus is repeated, what its optimal characteristics (e.g. amplitude and duration of current) and 'climate' (e.g. degree of oxygenation of patient, concurrent drug therapy) should be.

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Asian suicides

SIR: Soni Raleigh *et al* (*Journal*, January 1990, 156, 45–50) report that, among migrants from the Indian subcontinent, suicide accounts for 1.8% of male and 2.7% of female deaths. Since 1976, admission of Asians to the West Midlands Poisons Unit following deliberate self-poisoning has increased two-fold for men and four-fold for women. Using local Labour Force Survey statistics supplied by the Department of Employment, we estimate that one in 65 Asian women aged between 16 and 19 years is admitted to hospital following an overdose each year.

Thirty-one Asian suicides occurred in the city of Birmingham between 1984 and 1988. Like Dr Soni Raleigh *et al*, we found most cases were aged under 35. Two of the 17 male suicides and six of the 14 female suicides were by burning. Although only four males and two females died as a result of self-poisoning, seven males and seven females had documented previous suicide attempts, most being drug overdoses.

Risk factors for suicide following suicide attempts by Whites should not be applied to Asians. Among Whites, such factors include being middle aged to elderly, male, socially isolated and clinically depressed, but in the Indian subcontinent most suicides are young people with family problems who do not suffer from psychiatric illness (Merrill, 1989). The epidemiological findings of Dr Soni Raleigh *et al* and our preliminary results from Birmingham suggest that the characteristics of suicide by Asians in Britain are similar to those in the Indian subcontinent. Factors implicated in both suicide and attempted suicide among Asians are therefore similar (Merrill & Owens, 1986).

We have recently completed a clinical study of attempted suicide by Asian women which suggests that they may be at high-risk of future suicide. Compared to Whites, Asian women scored significantly higher on Beck's Suicide Intent (SIS) and Hopelessness Scales (HS) with those whose marital status was 'separated' recording especially high scores. A measurement of traditionalism and intergenerational conflict of values, the Traditional Values Scale (TVS) (available on request) was also administered. A significant positive correlation was found for non-traditionalism, conflict, SIS and HS scores.

We also administered the General Health Questionnaire (GHQ), HS and TVS to all fifth-form students at two Birmingham schools. A response of 'definitely have' to the GHQ questions 'have you recently thought of the possibility that you might do away with yourself?' and 'found that the idea of taking your own life kept coming into your head?', or a response of 'much more than usual' to 'have you recently found yourself wishing you were dead and away from it all?' was made by 24 of 72 Asian females (33.3%) and 16 of 78 Asian males (20.5%), but only three of 52 white females (5.8%) and one of 51 white males (2.0%). GHQ and HS scores were significantly higher for Asian females than other groups and were highly correlated with scores of non-traditionalism and conflict on the TVS.

Suicidal ideation, attempted suicide and suicide are much more common among young Asian women than young white women. Holding non-traditional values and being in conflict with parents are associated with suicidal ideation and, in those who have made suicide attempts, with high suicidal intent. Dr Soni Raleigh *et al* reported an increased incidence of suicide in young married Asian women and we found those who are married but separated and make suicide attempts have high suicidal intent. Although most Asian marriages are 'arranged', we do not believe that arranged marriages *per se* are a major cause of suicide or suicide attempts. Cultural expectations of newly-married Asian women tend towards conformity to prescribed roles. Those with scant regard for traditional values may consider, attempt or succeed in killing themselves.

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Olfaction and psychiatry

SIR: Harrison & Pearson (*Journal*, December 1989, **155**, 822–828) point out that significant olfactory deficits are identified in various neuropsychiatric conditions. Our work on olfactory functions in neuropsychiatric disorders supports this.

We observed that patients with right temporal lobe lesions find it difficult to match identical smells of non-volatile aromatic liquids. This prompted us to develop and standardise a test to differentiate right temporal lobe lesions. This smell-matching test is useful in identifying right temporal lobe lesions, with a sensitivity of about 75% and specificity of about 85% (Abraham & Malthai, 1983; Abraham, 1983). We also found that patients with schizophrenia and affective disorders have lower scores on this test compared with normals, whereas patients with neurotic disorders have normal scores (Sreenivasan *et al*, 1987).

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Pathological jealousy and pimozide

SIR: Byrne & Yatham (*Journal*, August 1989, **155**, 249–251) discuss the case of a heavy drinker suffering from pathological jealousy who responded satisfactorily to treatment with pimozide. Cohen (*Journal*, November 1989, **155**, 714) rightly questions the validity of this case, pointing out that pathological jealousy often improves in alcoholics when they stop drinking. Therefore, it is very difficult to know whether or not the improvement in the patient of Drs Byrne & Yatham was due solely to the pimozide. Nevertheless, we believe pimozide can be used to treat pathological jealousy, and report two cases to demonstrate this.

Case 1: A 52-year-old woman had had an eight year history of systematised pathological jealousy. She claimed that her husband had an eight-year-old daughter by a workmate who was his lover. As irrefutable proof of this she cited the receipt from a postal order on which the street name 'Maria del Valle' appeared. According to the patient, it was obvious that her husband's lover was called Maria del Valle. She did not suffer from hallucinations, showed no other psychiatric symptoms and had no history of psychiatric disorder or alcoholism. A physical examination and an electroencephalograph (EEG) proved to be normal. Pimozide (8 mg/day) was prescribed and there was a slight improvement after one week. After two months of treatment, the patient had stopped talking spontaneously about her husband's lover and daughter. Six months later, she believed that her husband had stopped seeing his lover and said that she had forgiven him for what he had done, although she couldn't love him as much as she had before. Nevertheless, she was still convinced that the lover and the daughter had existed. Now (a year and a half later) the patient is still being treated with pimozide (2 mg/day). At present, she believes that her husband is no longer unfaithful to her but has been in the past.

Case 2: A 56-year-old woman has been suffering from pathological jealousy for 13 years. Symptoms first appeared after she found blood stains on her husband's underwear. For her, this was proof that her husband was being unfaithful. She did not suffer from hallucinations, alcoholism or any other psychiatric problem. However, her medical records showed she had a history of high blood pressure, diabetes mellitus and coronary artery disease. She had also suffered from post-partum depression. Pimozide (8 mg/day) was prescribed. After two months of treatment, her family found that she was much calmer and had virtually stopped talking about her husband's unfaithfulness. After four months, she believed that her husband was sorry for what he had done and was more attentive. She said he was no longer unfaithful to her, but believed that he had been over the past years. Six months later this improvement was maintained with pimozide (2 mg/day).

In both cases the response to treatment was good, especially if the chronicity of the illness is taken into account.

Finally, we would like to point out the similarity of the two cases in that both patients came to believe that the problem no longer existed but had in the past. This is the probable evolution of a monodelusional psychosis when treated with antipsychotics.

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