

by piles of newsprint and cardboard. This situation had only come about after her daughter had moved from her own accommodation to the patient's two-bedroomed flat. A collateral history from the patient's community medical social worker and general practitioner confirmed the patient's account of enforced domestic squalor for the previous year. The daughter's problem with hoarding of rubbish had been present over 20 years, resulting in a state of such clutter in her own flat as to make it uninhabitable. This had led to her taking up residence with her mother. She had no insight into her hoarding problem, seeing this as reasonable behaviour.

Diogenes syndrome by proxy is a clear example of 'elder abuse', although it may be unintentional as in this, the first described case. The aetiology in this case is unknown, as the patient's daughter has never had a formal psychiatric evaluation. Diogenes syndrome is usually encountered in persons over 60 years (Macmillan & Shaw, 1966; Clark *et al*, 1975), but it is recognised in younger patients in association with chronic alcoholism, chronic paranoid schizophrenia, and major affective disorder (Berlyne, 1975). The problem may be insidious, escaping recognition and being incorrectly ascribed to eccentric behaviour or senile dementia in an elderly person. Absence of physical injury may obscure the diagnosis of Diogenes syndrome by proxy. As in the case of Munchausen syndrome by proxy, very young or elderly dependants of patients with documented or suspected Diogenes syndrome must be considered at risk of Diogenes syndrome by proxy, even when the patient lives alone, which is the case with most patients with Diogenes syndrome (Cybulska & Rucinski, 1986).

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How abuse has affected me

A is now 22 years old and has received at least four periods of in-patient treatment, having been on an acute ward for the last year. She is a self-mutilator who has a long history of sexual abuse.

She has not been able to confide in male members of staff but did, with encouragement, take a BTEch course. As part of that course she submitted a dissertation on her abuse, obtaining a distinction for her work.

As our therapeutic partnership progressed, she was eventually able to let me read this dissertation, and I was particularly intrigued by the passage which is given below. I find it poignant and thought provoking and, with A's permission, am happy to share her observations with you.

I make no comment as to the content and meaning of her words, and hope that you will be able to gain as much insight from her observations as I have.

"My name is [A] and I am twenty two years old. I suffered physical and sexual abuse from the age of three until I left home at seventeen years of age.

How ABUSE has affected ME

"I am ANGRY with myself / I do not like being looked at / I don't trust myself or others - men / I BLAME MYSELF / I feel DIRTY and GUILTY / I am a perfectionist / I am afraid of bathing and swimming / I feel paranoid / I have poor self respect / I am self conscious / I feel INFERIOR / I am SCARED of relationships / I am scared of being touched / I feel UNWORTHY / I don't like silence / I have agoraphobia / I feel WITHDRAWN / I am overprotective - of children / I don't like wearing clothes in case they get dirty / I don't wear skirts, only trousers / I wear dark clothes / I am AFRAID to be alone with a man / I feel I should HARM myself / I like to be poorly - for attention / I don't feel creative / I am highly strung / I feel edgy / I am DEFENSIVE / I lack self-confidence / I have NIGHTMARES and flashbacks / I hear voices / I have hallucinations / I find situations DANGEROUS / I have amnesia.

A

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Estimates of risks in relatives of psychotic probands

SIR: There is compelling evidence that genetic factors are important in determining susceptibility to schizophrenia (Gottesman, 1990). Knowledge of the lifetime risks of schizophrenia in the general population and in various classes of relatives of