experience of the Transcultural Psychiatric Unit which Dr. Rack first established more than a decade ago in the City of Bradford. This Yorkshire city has one of the highest proportions of immigrant peoples, of all ethnic backgrounds, of any area in Britain. In order to put the book in perspective we would first describe this unique service which has now achieved international recognition.

When he was appointed to a post of consultant psychiatrist in Bradford, Dr. Rack immediately set himself the task of understanding the background, traditions and experience of ethnic miniority groups and providing for them an improved psychiatric service based upon good education of all professional people who were to be concerned in their welfare. The essential first step was, and remains, clear communication and this involved the recruitment of interpreters who have personal knowledge of the culture of the patients whose distress they interpret. After some years the work was further strengthened when Dr. John Bavington returned from Pakistan where he had established a psychiatric community service in a region where no such service had existed. His lifelong familiarity with Pakistani people and his fluency in Urdu and Pushtu further strengthened the work of the Unit.

The Transcultural Unit recognises that the presentation and symptomatology of mental illness and other expressions of stress are bound up with the culture of the patient and cannot be understood or correctly treated without knowledge of this. The Unit also teaches that the treatment of mental distress is not a matter for the narrow expertise of psychiatrists alone, and an important function is the continuing educational activity for all who are concerned with the welfare of ethnic minority peoples, and the understanding which precedes treatment of those who become ill.

This then is the backdrop to the book which is not a textbook of psychiatry; nor is it a political statement about the relationship of immigrants to the host community or to the National Health Service. It is in fact a splendid account of all that Dr. Rack and his colleagues have learned and, from this experience, now have to offer to others. The book may be read with advantage by people, from whatever professional background, who wish to increase their understanding, and Dr. Rack has provided excellent references for further reading. The pages of learning are enlightened with brilliant insights into the experiences of people in minority groups. Later chapters deal with the broad issues of working across cultures and consider the complexity of offering a service, and especially a psychiatric service, to people whose health beliefs are not those of the host community.

In the light of our knowledge of all that the Transcultural Psychiatric Unit has achieved and Philip Rack's unflagging effort in this achievement, it comes as a shock and a grave injustice to read that the book and the efforts and ideas which inspired it are an example of "inverse racism". Let those who have themselves made such efforts to improve understanding, welfare and health among ethnic minority groups be the ones entitled to cast such stones. In a foreword, Professor Morris Carstairs points out that the book can be read by all who wish to be constructively engaged in the promotion of good community relationships. We support this view and would add that the book is essential reading for all who are to be educated in the field of psychiatric work in multicultural Britain.

M. HILL
R. H. S. MINDHAM
A. C. P. SIMS
R. P. SNAITH

St. Lukes Hospital, Huddersfield, and University of Leeds.

Dexamethasone Suppression Test Normalisation and Treatment Outcome in Elderly Depressives

DEAR SIR,

The Dexamethasone Suppression Test (DST), although not necessarily diagnostically specific for depression (Coppen *et al*, 1983), may have clinical utility as a measure of treatment outcome. Reports of DST normalisation on clinical recovery from depression have been consistently reported (Carroll, 1982; Greden, *et al*, 1980). However, the populations studied in this respect have tended not to include enough elderly patients to make generalisations of their findings applicable to the geriatric age group.

We report here a significant finding of DST normalisation in recovered elderly depressives:

Nineteen elderly drug-free patients all meeting DSM III criteria for depression and scoring greater than 20 on the 17 item Hamilton Depression Rating Scale (HDRS) were medically assessed to ensure none had features previously reported to affect DST results. A 1 mg. dexamethasone suppression test with a single blood sample drawn for cortisol evaluation at 1600 hours the next day, following the method of Carroll *et al* (1981), was administered one week after initial hospitalisation and before treatment was begun. Following four weeks of desi-

pramine treatment, each patient was re-evaluated on the HDRS by the same investigator who was blind to the initial DST results and the DST was similarly repeated.

Nine of the 19 patients had post-dexamethasone plasma cortisol concentrations greater than 140 nml./litre at initial assessment: a non-suppression rate of 47.3%. Of this group, five patients were responders (HDRS less than or equal to 9) and four were non-responders. All the non-responders remained non-suppressors (4/4) while all the responders suppressed normally (5/5). No DST originally within normal limits became abnormal.

These findings show a statistically significant difference in the DST normalisation of responders versus non-responders in elderly depressives (chi-square equals less than 0.01).

This study replicates findings previously reported in the literature with younger populations and suggests that the DST may be an appropriate biological marker to evaluate the treatment response of elderly depressives as well. Larger studies using both noradrenergic and serotonergic tricyclics are necessary to confirm this initial report.

S. KUTCHER
K. SHULMAN

Sunnybrook Medical Centre,
2075 Bayview Avenue,
Toronto, Ontario,
Canada M4N 3M5

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Prescribing of Psychotropic Drugs

DEAR SIR,

In their survey of prescribing patterns at All Saints Hospital, Edwards & Kumar (*Journal*, November 1984, **145**, 502–507) make interesting comparisons with the findings of Michel & Kolakowska (*Journal*, March 1981, **138**, 217–221) at Oxford but make no mention of our study (*Journal*, March 1984, **144**, 298–302) which did not appear until after their revised manuscript had been submitted.

We agree with their criticisms of polypharmacy, of simultaneous use of two or more neuroleptic drugs and of excessive use of anti-Parkinson drugs. We too found much prescribing of classes of drugs that appeared inappropriate to our patients' diagnoses but we tried to show that this appearance was misleading if in fact drugs are given for symptoms rather than for diagnostic labels, which in some cases are liable to be out-of-date oversimplifications anyway. It would have been interesting to know if quite so many of the All Saints prescriptions were really as illogical as they were made to appear.

Incidentally try as we may we cannot get any significance out of the difference between the 51% and 58% of All Saints patients who were on oral neuroleptics only (Tables II and III and text on p. 505). And why do Edwards and Kumar say on p. 504 that chlorpromazine and haloperidol remain the most widely used neuroleptics when on the previous page they have stated that fluphenazine decanoate and thioridazine were each prescribed more times than the figure given for haloperidol? Or have we misunderstood them?

R. MORGAN
St. Wurlstans Hospital, A. K. GOPALASWAMY
Malvern, Worcs. WR14 4JS

Mates of Schizophrenic Mothers

DEAR SIR,

In finding that mates of schizophrenic women were more frequently abnormal psychiatrically than controls, Parnas (*Journal*, May 1985, **146**, 490–497) appears to attribute this assortative mating exclusively to biological or phenotypic traits. Early onset schizophrenic women, however, are likely to spend a substantial part of their lives in psychiatric institutions, out-patient departments, day centres etc. where a high proportion of the male clientele is psychiatrically deviant. By reason, therefore, of the nature of their social environment such women's likelihood of choosing, or being chosen by, someone from the schizophrenia "spectrum" is greatly heightened on a "nosocomial" basis alone. Could Dr. Parnas tell us how many of the mates of his schizophrenic women had contact with psychiatric services prior to marriage and met their future spouses in such settings?

ROSEMARY SHINKWIN

St. Loman's Hospital,
Ballyowen, Palmerstown,
Dublin 20