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Asperger's Syndrome

SIR: There is controversy about the validity of Asperger's syndrome (AS) (Schopler, 1985; Volkmar *et al*, 1985; Wing, 1986). Although first described in 1944, interest in the condition was revived by Wing (1981). Individuals with AS are described as having: pedantic, lengthy speech; stereotyped speech; impaired non-verbal communication; Aprosodic speech; peculiar social interaction; lack of empathy for others; repetitive activities; resistance to change; clumsy or stereotyped motor movements; and hyper-trophied skills or circumscribed interests. A number of investigators have conceptualised AS as part of an 'autistic spectrum', and note that no behavioural distinction can be made between AS and higher-level autism (Schopler, 1985).

We recently re-read "Children with circumscribed interest patterns" (Robinson & Vitale, 1954). This paper is of interest not only because of the lucid clinical case descriptions presented, but also in terms of the discussion following the paper by Kanner. None of the patients described fit DSM-III criteria for autism as applied by us to case report material. Furthermore, Robinson & Vitale, as well as Kanner, see these children as being different from autistics. The defining features of the children described include pursuit of special interests restricted to certain areas which have special value to them. There is an avoidance of involvement in other conceptual, social, or interpersonal areas.

We applied the above descriptive criteria for AS to each of these patients. Cases 1 and 2 were positive for four criteria each, with insufficient data for the other six criteria. Case 3 was positive for five criteria, with insufficient data for five. Interestingly, case 1 exhibited severe phonic tics (Kereshian & Burd, 1986). With the data available, we can only state that the cases as presented are not inconsistent with AS.

Kanner's comments may be of some general value in the controversy regarding the syndromic specificity of AS. He argues the value of an atheoretical description, and cautions against putting "the interpretive cart before the semeiologic horse". He notes that circumscribed interest patterns as a syndrome may also be found in children whom we today might describe as hyperlexic, in obsessive children, and in schizophrenic children, as well as in autistic children. Finally, Kanner lauds Robinson & Vitale for their attempts to single out specific clinical patterns as a basis for diagnostic categorisation.

It is with Kanner's thoughts in mind that we are concerned about the potential diagnostic reification of conceptualisations such as "good-prognosis autism" or "autistic spectrum". Whether AS represents a point of confluence of one or more primary syndromes, or whether it coheres as a primary syndrome itself, should be decided by studies based in data, and not by opinion. We should strive toward having the semeiologic horse pull the interpretive cart.

LARRY BURD
JACOB KERBESHIAN

Medical Center Rehabilitation Hospital
1300 South Columbia Road
Grand Forks
ND 58202
USA

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Hepatitis B and Mental Handicap

SIR: At the recent symposium on hepatitis B held in London, a warning was issued that hepatitis B was the most serious form of viral hepatitis, and it was said that safe and effective vaccines were available which could prevent infection and so prevent most cases of liver cancer.

This is a timely reminder to all colleagues who work in the field of mental handicap to be alert towards hepatitis B virus, which is endemic among the mentally handicapped population, particularly now when the mentally handicapped live for much longer (Carter & Jancar, 1983) and a number of patients have been discharged from hospitals.

Between 1976 and 1980 all the patients in the seven hospitals and seven hostels for the mentally handicapped in the Bristol area were screened for markers of hepatitis B infection. Of 2239 patients, 123 (5.5%) were carriers of hepatitis B surface antigen (HBsAg) and a third of these were 'infectious' (negative for

antibody to hepatitis B_e antigen). Patients with Down's syndrome were 18 times more likely to be 'infectious' carriers than those without, and male patients were six times more likely to be 'infectious' carriers than female patients.

The carrier rate decreased with age, but the proportion of carriers who were hepatitis B_e antigen positive were unaffected by age (Clarke *et al*, 1984).

It is therefore very important that monitoring of the hospital and community population of the mentally handicapped for hepatitis B is maintained and that vaccination of patients and staff takes place when appropriate.

J. JANCAR

Stoke Park Hospital
Stapleton
Bristol BS16 1QU

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Nurses' Attitudes to Psychiatry in a General Hospital

SIR: Liaison psychiatry and community care appear to be having a field-day in academic psychiatric circles. But to be practically successful the ideas must percolate through to the professionals we work with: physicians, nurses and para-medical staff. Their acceptance of such ideas will be determined by the attitudes they already have towards psychiatry and psychiatrists. Hence the necessity for further clarification of these attitudes.

Thirty-five trained general nurses (SRNs) were surveyed using an attitude questionnaire (Townsend, 1978). A control group of 35 age and sex-matched nurses just beginning their training was also studied. Although the sample consisted predominantly of women, over two-thirds felt that women are no more likely to develop mental disturbances than men. Nearly nine out of ten supported the belief that adult mental disturbances can be traced to emotional experiences in childhood. Almost half genuinely thought that most suicides occur because of rejection in love. After doing an eight-week placement in psychiatry in a DGH Unit with rapid turnover and no long-stay provision, about 1 in 5 still felt that few inmates of mental hospitals ever leave hospital.

Regarding the work of the psychiatrist, two-thirds felt that we should show patients where their ideas are incorrect. After having participated repeatedly in

multi-disciplinary ward rounds, a fifth continued to feel that the main job of the psychiatrist was to recommend hobbies and other ways for patients to occupy their minds. Curiously enough, two-fifths of the control group felt that a good psychiatrist acts like a father to his patients. Four-fifths of the trained group disagreed with this.

It was clear from the responses that among these nurses, a dichotomous view concerning physical and mental illness persisted. Over four-fifths of trained nurses saw little role of physical causes in bringing about mental disorder. A similar proportion also denied the role of poor diet in any manifestations of mental instability. This viewpoint is potentially dangerous, since the possibility of the elderly deprived/mentally ill presenting the mental symptoms because of subclinical vitamin deficiency is greater in a general hospital setting.

At a social level, a third of the nurses denied mental health the status of an important national problem. About half also felt that psychiatrists almost always have difficulty in telling whether or not a patient's mental disorder was curable.

In spite of all the methodological pitfalls of a questionnaire study, one message is clear. The resistance and mistrust towards psychiatry and psychiatrists is only marginally different now from what it was in the past. The days of total community care are imminent, and yet some of our colleagues are not aware of what psychiatry has to offer. While a review of the psychiatric training of general nurses is needed, a careful re-appraisal as to our own behaviour merits study.

A. BHATTACHARYYA

Beechcroft
Oakwood
Moorgate Road
Rotherham S60 2UD

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Phensedyl Abuse

SIR: Interest in the abuse of ephedrine (Whitehouse & Duncan, *Journal*, February 1987, **150**, 258-261) and pseudoephedrine (Pugh & Howie, *Journal*, December 1986, **149**, 798) prompts me to report the occurrence of phensedyl abuse in a group of young men in a small country town (Midsomer Norton) and the treatment of an addict.

Phensedyl is a proprietary cough linctus available without prescription. Each 5 ml contains 7.2 mg of