colleagues working in the primary health centres of the State. The local term 'Jinjinia' means only the tingling sensation arising out of extreme anxiety and does not cover the almost delusional conviction of shrinkage of the genitals. The clinical picture of this epidemic conformed to the classical description of epidemics of Koro—a psychological disorder which is produced and is cured by suggestion. Koro is known to be a culture-bound syndrome occurring exclusively amongst people of South East Asia in sporadic or epidemic form. For the first time this disease has affected people of the Indian sub-continent. Once the diagnosis, symptomatology and benignity of the disease were focussed through various mass communication media, the intensity of the panic faded away. Only a few sporadic fresh cases were recorded after the epidemic subsided in the middle of September 1982.

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Reference

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CONFIDENTIALITY AND PUBLICITY: A TECHNIQUE

DEAR SIR,

One of the great handicaps suffered by psychiatry is that it is very difficult to publicise psychiatric problems and illnesses without breaking confidentiality. Obviously general issues can be aired and drama can take the place of reality. However an increasingly sophisticated public will want to understand the details of psychiatric disorder before it lends full hearted support to our discipline. What does a mentally ill patient look like? What do they say ? How do they behave? What does the psychiatrist say to the patient? What is thought disorder? What are delusions and hallucinations? These and many others are legitimate questions. They are difficult to answer without clinical illustrations. Sometimes clinical illustrations can be provided via patients who understand the issues of public display and consent to it. Frequently however our patients are not really able to grasp all the issues concerning publicity. How then can we illustrate their problems?

Recently we have developed a technique which we believe partially solves this problem, although it is expensive. The clinical point to be demonstrated is made by an ordinary interview using a standard video tape technique. This tape is then transcribed. Identifying statements and features are omitted or changed. An actor or actress is then employed to play the part of the patient in a tape replay opposite the psychiatrist who plays him or herself. Both "actors" stick strictly to the script and copy the the verbal cadences, the gestures, mannerisms, and other behaviour of the original tape as far as possible. In this way a wide audience gets a realistic look at a psychiatric interview whilst the patient's anonymity is preserved. We have used this technique, successfully we believe, for teaching material within the University of London, and for public broadcasting.

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FATHER–SON RESEMBLANCES IN AGGRESSIVE AND ANTISOCIAL BEHAVIOR

DEAR SIR,

In our paper (*Journal*, January 1983, **142**, 78–84) we reported that boys whose fathers had left the home did not resemble their fathers on either aggressiveness or antisocial behavior, in marked contrast to the boys whose fathers were still in the home. We have now analyzed the data further and found that this conclusion was wrong.

We considered three possible explanations for the lack of significant correlations between the boys' traits and those of their absent fathers: the information on the father might be invalid, the range of variation in their traits might be too narrow, and the absent fathers might divide into subgroups with differing results. The first possibility arose from the fact that the information on the absent fathers came from interviews with the boys' mothers. The second and third came from the finding that 72 per cent of the fathers who had left the home had antisocial personality or alcoholism.

We cannot prove the validity of the information on absent fathers, but we showed in the paper that the absent fathers had significantly higher scores on aggressiveness and antisocial behavior than fathers still in the home. This was to be expected since these traits in men commonly go with inability to maintain a marriage. Further analysis showed that antisocial or alcoholic men who were gone from the home ($N = 46$) had scores on aggressiveness equal to those of the corresponding men still in the home ($N = 14$) and significantly higher on antisocial behavior (mean scores: 3.24 ± 1.39 vs. 1.93 ± 1.59; $P < .01$). These results argue that the mothers might have exaggerated the behavior of their ex-husbands, but they did not underestimate it.

The range of variation was apparently not restricted by the high proportion of deviants among the absent fathers. Even when we correlated the traits of the 60 fathers who were antisocial or alcoholic with their son's traits we found significant resemblance on aggressivess and a correlation between boys' noncompliance and fathers' antisocial behavior.

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TABLE

Product movement correlations of boys' and their absent fathers' scores divided on fathers' deviance

	Boys whose fathers were antisocial or alcoholic (N = 46)		
Fathers	Aggressive	Antisocial	Noncompliant
Aggressive	.20	−.07	.12
Antisocial	.18	.19	.30*
	Boys whose fathers were neither antisocial nor alcoholic (N = 18)		
	Aggressive	Antisocial	Noncompliant
Aggressive	−.40	−.24	−.24
Antisocial	−.06	.07	.21

*P <.05

The figures shown in the table suggest that the third alternative is the true explanation. The majority of fathers who were absent, namely those who were antisocial or alcoholic, resembled their sons to an appreciable extent on aggressiveness and antisocial behavior. These resemblances followed the pattern that held through most of the analyses. On the other hand the correlations for the remaining absent fathers and their sons were either strongly negative or close to zero, with one exception. We cannot explain this odd result, but it seems that the matrices for the two subgroups cancel each other. Taken as one group the absent fathers seem unlike their sons. When they were divided into two, the majority of these fathers did resemble their sons, though to a lesser degree than the fathers and sons who were still living together.

In sum we have found that there were modest but robust similarities between our boy patients and their natural fathers on aggressiveness and antisocial behavior. The boys' noncompliance was also correlated with fathers' antisocial behavior. These relationships were strongest between boys and the fathers who were still in the home, but they persisted among boys and fathers who had left the home if the latter were antisocial or alcoholic.

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PLASMA AND RED CELL LITHIUM IN AFFECTIVE DISORDERS

DEAR SIR,

In 1980 we reported in this *Journal* the possibility of differentiating unipolar from bipolar patients with an objective parameter: The correlation between the plasma and erythrocyte lithium. We have now studied a large series.

A total of 48 patients were studied, all diagnosed as major affective disorders according to the DSM–III criteria, 15 suffering recurrent major depression and 33 bipolar disorders. All treatments were applied to outpatients and lithium was indicated as a prophylactic agent according to Coppen *et al*'s criteria (1971), all patients showing at least a 6 month remission. Lithium carbonate was given in 3 daily intakes, regulating the plasma levels to 0.80 to 1.2 mmol/L. The plasma and erythrocyte lithium concentrations were determined 12 hours after the last intake, following the method of T. B. Cooper *et al* (1974).

There was no difference, in the lithium ratio, between the two diagnostic groups (major depression, N = 15, ratio 0–350, bipolars, N = 33, ratio 0–377, N.S.). On the contrary when Spearman's correlation coefficient was applied, a statistically significant correlation ($P < 0.01$) between plasma and erythrocyte lithium was observed in the bipolar group whilst in the major recurrent depressions it was not significant, confirming the results previously communicated.

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