al that a significant correlation exists between high platelet MAO activity and non-suppression in the DST in a group of well diagnosed patients with a major depression. Follow-up and treatment response studies in sub-groups like the one defined by high platelet MAO activity and non-suppression in the DST might be rewarding. We also support evidence (Spitzer *et al*, 1982) that routine clinical diagnoses by trainees are not accurate enough to be used for research purposes.

E. G. TH. M. HARTONG
J. G. GOEKOOP
E. J. M. PENNINGS
G. M. J. VAN KEMPEN
Psychiatric Hospital, Endegeest,
POB 1250,
2340 BG Oegstgeest,
The Netherlands

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Ageing and First Admissions for Affective Disorders

DEAR SIR,

Eagles and Whalley (*Journal*, August 1985, **147**, 180–187) have demonstrated a relationship between age at admission and first admission rates for affective disorders. They have *not* demonstrated a relationship between *ageing* and first admissions for affective disorders.

The well-known distinction between the effects of ageing itself, however mediated, and so-called "cohort effects" needs to be emphasised again. A cross-sectional slice (10 years thick) tells us nothing of longitudinal trends. For instance, some, all (or none) of the cohorts glimpsed in this study may have had *declining* rates of admission, as they aged, up to 1969.

We all appreciate how difficult longitudinal studies are, and it may be that such studies are impossible if based on official diagnoses, since these have changed so markedly over the years. But this is no excuse: there is a tendency to think that if, in order to answer a question, the study you have to do is impossible, another study will do. There is much of interest in Eagles and Whalley's data, but no light is shed on the central question.

A. J. D. MACDONALD
United Medical and Dental Schools,
Guy's Hospital,
London Bridge, London SE1

Elective Mutism

DEAR SIR,

Dr Wilkins' comparison of elective mutism and emotional disorders in children (*Journal*, February 1985, **146**, 198–203) appears to justify the need for recognising the former as a distinct clinical syndrome. However, in the sample of controls, he has included patients with diverse psychopathology ranging from enuresis to hysteria, all under the rubric of 'emotional disorders'. Although this might have been necessary to obtain a comparable group, it considerably dilutes the argument for a separate syndrome of mutism.

Interestingly, shyness, anxiety and depression seem to be features more common among the electively mute group, while in the ICD-9, these are cardinal features of different sub-categories of emotional disorders. There is no mention of whether transient or persistent mutism had at all been encountered in the control group.

While the ICD-9 rather arbitrarily describes elective mutism as a possible feature of the "emotional disorder with anxiety and fearfulness', it does not mention its occurrence among other disorders. A comparison of patients with mutism with one or more of the emotional disorders as defined by ICD-9 seems necessary before one advocates a separate syndrome of mutism.

AJIT V. BHIDE
St. John's Medical College,
Bangalore, India
SHOBA SRINATH
NIMHANS, Bangalore, India

Using the PSE in Arabic Culture

DEAR SIR,

I read with great interest the article by L. Swartz, O. Ben-Arie and A. F. Teggin (*Journal*, 1985, **146**, 391). I myself translated the PSE 9th Edition into the Arabic language in cooperation with my colleagues, Drs M. Al-Yassiri, A. Salem and M. Al-Ajam. This translation was completed in October 1979. A standardised process of iterative back translation was employed and the instrument was then used in a study of life events and schizophrenia in the Najd region of Saudi Arabia (Al-Khani, 1983; Al-Khani *et al*, 1985a).

The difficulties faced were similar to those

encounered in translating any schedule in psychiatry or psychology, i.e., the possible variety of different dialects, registers, styles and modes of the source and target languages (Catford, 1965), as well as the wide socio-cultural differences between the two societies, English and Arabic. In such a work, not only should the translation be correct, but the word chosen in the translation should also carry, as much as possible, the connotation in the source language. The iterative back translation technique solved most of these difficulties.

So far, I have applied this Arabic version to over two hundred and fifty patients, with different kinds of mental disorders, mainly psychoses. I have found that some modification of wording to take account of local slang is necessary to clarify the items, as was the addition of examples from familiar surroundings and further illustrative questions, especially for some non-educated subjects. This was particularly encountered with item 47: depersonalisation; and in item 49: delusional mood.

I found that the Arabic language allows precise expression of deep inner distress and it is worth mentioning in the light of Leff's (1981) work that it is not difficult to differentiate between affective states in Najdis, even when the feelings are closely related.

Women, especially .younger Bedouin women, when accompanied by their husband or father, sit very quietly and unresponsively, because it is considered impolite to display affect in the presence of a strange male (the interviewer). This sometimes makes the rating of item 110: "slowness and underactivity"; and even item 128: "blunted affect", very difficult. It was possible to overcome these difficulties by asking the attendant to leave the room for a while and convincing the patient that she was in a medical situation and emphasising that the interviewer was a physician.

Saudis, in general, adopt an external locus of control. They consider various external sources control their life in a certain way according to Islamic principles: Allah (God), fate, nature, the head of the tribe, etc. Moreover, some of them have beliefs that magic, the "evil eye" and witchcraft play an important role, although in a negative way. The response to item (55) and item (77) must therefore be interpreted with care and additional illustrative questions were required to clarify them. Because of the hierarchical structure of Saudi society, item 29 "what is your opinion of yourself compared with other people?", causes some confusion and an illustrative question must be added to emphasise that the comparison is between oneself and peers.

These limited modifications of wording and illustrative additions to the interview will not distort the rating if the concept behind the item and embodied in the glossary is clear in the mind of the examiner. Similar points have been made by others (Orley & Wing, 1979; Okasha & Ashore, 1981; Gillis, 1982).

Concerning the difficulties of the terms used for certain experiences in one particular culture such as depression, obsession, hallucination, this difficulty was encountered and solved through the stages of iterative back translation. These terms had been collected and some of them discussed in section 7 of Al-Khani (1985b).

M. A. AL-KHANI

Psychiatric Department,
Medical College, King Saud University,
PO Box 15102, Riyadh 11444,
Kingdom of Saudi Arabia

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Investigations in Demented Patients Admitted to Psychiatric Hospital

DEAR SIR,

The article by Renvoize *et al* stressed the importance and usefulness of comprehensive physical investigations in the assessment of demented patients. However, in their findings they reported that a folate deficiency was present in 44.8% of their patients. This was based on serum folate assay, and it is noteworthy that despite this high prevalence of "folate deficiency" as they call it, no reference is made to this finding in their discussion. There are two important points to be made here. First of all, it is probable that the elderly as a population tend to have a lower serum folate (Caird, 1973; Fox *et al*,