

33; the lodger was moved to alternate accommodation, whilst an intensive care package was set up for Mrs B's return to her flat. Mrs B remained stubbornly independent in the face of mounting difficulties. However, a trial of the care package rapidly broke down and Mrs B agreed to placement in a residential home.

The lodger refused to undertake a care-giving obligation and encouraged Mrs B's alcohol misuse. The social worker gained his co-operation in the care plan by taking a neutral stance and helping a housing move, the well-being of the perpetrator should not be forgotten in the management process. It was essential that the lodger be rehoused appropriately before a trial of the care package, otherwise he may have jeopardised the plan of care by returning.

Case 3: Mrs C, an 84 year old blind widow with moderately severe Alzheimer's dementia, was assessed at a day hospital for possible material abuse by Mr D. Mr D, a door-to-door salesman, had befriended Mrs C. He subsequently estranged her from her usual support network and arranged for her to appoint him as her attorney under the Enduring Power of Attorney Act 1985. She was mentally incapable of acting for herself. Mr D had been removing furniture, had received at least £500 from Mrs C and was attempting to gain the title deeds to her house. The police believed he was involved with three other elderly persons in a similar way. An application to manage this lady's finances through the court of protection was made. She has been maintained at home with intensive support and monitoring. Mr D eventually withdrew.

The third case shows that measures designed to protect the elderly may be used against them. Mrs C's friends contacted the police with their concerns, but they were unable to take action as Mrs C was unwilling to press charges.

The above cases illustrate some difficulties in the management of elder abuse and certain of its important features. Firstly, the identification of elder abuse has to be proportional to the extent to which the agencies in contact with the elderly are alert to the possibility of abuse. There is much debate about the reliability and validity of detection criteria. In all of the cases, concerned relatives, friends or voluntary sector agencies initiated professional concern, highlighting the importance of full corroborative history-taking in the detection of elder abuse. Seymour¹⁰ has defined five features of a pathological carer: an excessively dependent personality; inability of the carer to set limits when the cared-for person behaves unreasonably; inability of the carer to leave the cared-for person, even when adequate arrangements are made; difficulties for the carer in engaging with outside agencies when help is offered and a marked discrepancy in the cared-for person's level of functioning between home and other care settings.

It has been suggested that cases of material and physical abuse may be more successfully resolved if abuse is treated as a criminal act rather than a social problem.⁴ Abuse, it can be argued, is a crime rather than a diagnosis. It is more difficult to treat it as such in countries such as the USA where mandatory reporting operates in 48 of the states.¹¹ If patients are reluctant or unable to admit to abuse, which was the case in all three, they are unlikely to press charges.

Once abuse is confirmed, action must follow. The priorities are: the safety of the victim; the physical and psychological health of the victim; the physical and psychological health of the abuser and a plan for the future to prevent the abuse from recurring. Here a full multidisciplinary approach and close cooperation with social services is essential.

Fisk¹² outlines several sensible avenues to prevent abuse. Firstly, information packs on how to provide care to the elderly should be made widely and freely available; self-help groups, such as Alzheimer's Disease Support Groups, should provide psychological support for more carers; benefits should be made more easily available, for example, attendance allowance. Extra benefits are needed to compensate for loss of wages, career and recreational opportunities. There may also be a role for specialist teams to detect, intervene and prevent elder abuse co-ordinated by health authorities and social services. Finally, preventive legislation such as mandatory reporting of abuse and specific protective acts for the vulnerable elderly should not be forgotten.

The needs of carers include: the recognition of their work by

professionals, planned respite care, information about dementia, services and benefits, physical help and continuity of support. When these issues are not addressed, carer stress may follow, as in the first case. As well as the measures outlined by Fisk above, the importance of psychological interventions should be emphasised. These include education, group psychotherapy, family therapy and telephone helplines. The latter has been used successfully in South Wales and is a cost-effective way of channelling help to stressed carers.¹³

This important area should be highlighted in Ireland and the UK because, although it is well researched in North America and perhaps less so in Australia and Sweden, it is receiving sadly little prominence here. Awareness of the issues needs to be raised amongst health care professionals and as the third case illustrates, solicitors as well. All the cases stress the need for effective inter-agency cooperation, particularly between hospital and social services.

With an increasingly aged population and the rationing of resources at local level the authors hope that these cases will keep the spotlight on the vital area of enquiry and stimulate research into incidence and prevalence so that the 'iceberg' may be fully uncovered.

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The Celts and Macha's curse

Sir – In their review of the medical aspects of Celtic literature Drs Carney and Sheffield refer to the 'Ulster Sickness', more often known as the 'Pangs of Ulster' – a strange, periodic, hereditary disease characterised by a triad of weakness, lethargy and abdominal pain. We coined the term 'Macha's curse' because similar symptoms occurred in a modern Irish pedigree in which depressive illness was combined with Idiopathic Intestinal Pseudo-Obstruction (IIPO).²

Macha found herself coerced into participating in a race because her husband Crunniuc had boasted that his wife could run faster than Conor's chariot. Despite being heavily pregnant and despite her protestations Macha made the heroic effort against the unequal struggle in order to extricate her foolhardy husband from his fate. After the race, while giving birth she screamed aloud that all the men present that day would at their times of greatest difficulty suffer from the pangs for five days and four nights and would have no more strength than a woman on the bed of labour. This affliction ever after

affected all the men of Ulster who were at the fair, and for nine generations after them.' The scene is captured in Ferguson's Poem 'The Twins of Macha'.⁴

*The fair is filled. The grooms of Conor lead
The royal car and coursers o'er the mead.
The woods and lawns with loud applauses ring;
The flattering courtiers buzz about. "The thing
Lives not, for swiftness, that can near them come".
"Swifter", said Crunn, "my own good wife at home".
Scarce said, – the wretch, by wrathful Conor caught,
Is captive. Tidings to the wife are brought.
"Woe 's me", she cried, "must aid him now, and I
So soon to bear my own maternity!"
"Woe thee, indeed!" the savage grooms return.
"Make good his boasting, or prepare his urn".
"As mothers bore you, spare!" she cries aghast;
"Or yield me respite till my pains are past".
No respite. "Good, then, if it must be so,
My pains shall work you, men of Ulster, woe,
Now and hereafter". Brought before the King –
"Thy name?" "My name, -our name, -the name shall cling
To this thy fair-green and thy palace-hall
Till the just God give judgement upon all"; –
"MACHA, my name; daughter of Sanrad, son
Of Imbad. Now, release him, and I run".*

*She ran; the steeds contended. Long ere they
Attained the goal, already there, she lay,
A mother, dying. Twin the birth. So came
Of Emain Macha, "Macha's Twins", the name.*

In the later history of the Red Branch Knights, the pangs of Ulster continued to feature and a similar condition has been described affecting the United Irishmen at the Battle of Antrim⁵ in 1798.

Macha's race took place at Navan Fort at the remains of the Fortress dwelling of the petty Kings of Ulster. Today it is preserved as an historic site and is well worth a visit. It is located close to

Armagh, the ecclesiastical capital city of Ireland and, although extensively excavated, it has perhaps even more secrets to reveal!

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Erratum

The letter entitled *Autistic continuum of disorders: Is the term justifiable?* (*Ir J Psychol Med* 1996;13:39), by J Barry Wright contained an error in the correspondence address given. The correct address for any future correspondence is:

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