rituals. Her improvement has maintained over two years.

These cases indicate a potentially useful energy between sertraline and buspirone in OCD, similar to their combined efficacy in refractory depression (unpublished observations). The cases reported here appear in contrast to controlled trials finding little effect of buspirone augmentation of other SSRIs (Dominguez & Mestre, 1994). Both cases also displayed significant depressive symptomatology, which I suggest may predict buspirone augmentation of SSRI non-response in OCD. This possibility, yet to be examined in a controlled study, suggests a biological difference between OCD with and without depression, and accords with the finding that tryptophan depletion worsens depression, not OCD, in patients responding to SSRIs (Barr *et al*, 1994).

A pharmacokinetic interaction between sertraline and buspirone could account for the augmentation, but seems unlikely, given the dramatic rapidity and reversibility of the effect, and the fact that Case 1 was clearly tolerant of higher doses of sertraline and did not suffer recurrence of side-effects after addition of buspirone. A final possibility is that sertraline may differ in some important way from other SSRIs, perhaps by enhancing NMDA receptor activation (Bergeron *et al*, 1993).

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Osteogenesis imperfecta and non-accidental injury

Sir: Bebbington *et al* (1994) report a strong link between ethnicity and diagnosis. We report a case in which failure to consider the cultural background led to misdiagnosis with far-reaching consequences.

Case report

Ms. A is a 30-year-old Nigerian woman who arrived in the UK in the early nineties, pregnant with her second child B and of undisclosed immigration status. There was no family or personal history of mental or physical illness.

When B was 3 weeks old, Ms. A brought her to casualty with painful swellings of both lower limbs. B had bluish sclera and a flat back to her head, but it was stated that these features "are common in African babies". X-rays showed bilateral transverse fractures of the femurs and multiple older rib fractures. The paediatrician commented that Ms. A gave "the usual story" to account for B's injuries.

Infants in Ms. A's community are given regular massage. She had noticed cracking noises from the legs the previous day while massaging B. The paediatrician thought this explanation unlikely. An Emergency Protection Order was made placing B with foster parents.

Five months later Ms. A took a pair of shoes from the children's ward where B had been an in-patient. She was detained under Section 2 of the Mental Health Act (1983). She was virtually mute, and ate and drank little for three days. She behaved in a vague and distracted way with ritualistic movements, but afterwards had no memory of these events. To a Nigerian social worker she denied psychotic phenomena. Further bizarre behaviour in public led to more hospital admissions. Each time, Ms. A's mental state returned to normal rapidly without medication. Culture-bound adjustment reaction was diagnosed.

In foster care, B failed to gain weight and had another fracture. Review of the original X-rays and collagen banding indicated severe osteogenesis imperfecta (type 111). Ms. A was admitted to a Mother and Baby Unit and was rehabilitated as sole carer of B. Her mental state was normal. She felt angry with professionals, believing she would have been listened to had she been white. On discharge she was caring fully for B and cooperating with supporting agencies.

When B was born, Ms. A had been in the UK for less than three months. For a non-Caucasian immigrant there is a time of adjustment and probably racism, overt and covert, to face (Littlewood & Lipsedge, 1989). Ms. A was fearful of deportation and losing B. Her guarded behaviour raised suspicions in professionals. Diagnosis of child abuse is more likely if the explanation is insufficient or inconsistent (Ablin *et al*, 1990).

Non-accidental injury is a common differential diagnosis for milder forms of osteogenesis imperfecta, but is rare in Type 111 (Paterson & McAllion,

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1989). Early diagnosis of osteogenesis imperfecta requires an unbiased attitude on the part of the physician.

Ms. A had never heard of a mother breaking her child's bones; she could not believe that Social Services had the power to separate her from her child. Her adjustment reaction led to detention in a locked psychiatric ward. Consideration of her cultural background and immigration status might have allowed better understanding of her difficulties.

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Friedrich Nietzsche and Sigmund Freud

SIR: Chapman & Chapman-Santana (*BJP*, February 1995, **166**, 251–252) reviewed systematically the analogies between Nietzsche's ideas and Freud's concepts and concluded that some of Freud's basic terms (e.g. concept of unconscious mind, sublimation, id, ego, human mental processes, the role of the dreams as 'nature's healing powers') were identical to those used by Nietzsche.

Chapman cited Ellenberger stating that he could hardly believe that Freud never read Nietzsche. However, this speculation of Ellenberger and Chapman may be qualified by Freud himself who emphasised,

> "In later years I have denied myself the very great pleasure of reading the works of Nietzsche, with the deliberate object of not being hampered in working out my impressions received in psychoanalysis by any sort of anticipatory ideas. I had therefore to be prepared – and I am so, gladly – to forgo all claims to priority in the many instances in which laborious psychoanalytic investigation can merely confirm the truth which the philosopher recognized by intuition." (Freud, 1914)

Eleven years later he wrote,

> "Nietzsche [. . .] whose guesses and intuitions often agree in the most astonishing way with the laborious findings of psychoanalysis, was for a long time avoided by me [. . .]; I was less concerned with the question of priority than keeping my mind unembarrassed." (Freud, 1925)

Freud's very high appreciation of Nietzsche's congeniality is documented in a letter to his friend Fliess written on 1 February, 1900:

> "I have just acquired Nietzsche where I hope to find words for much that remains mute within me, but I have not yet opened the book." (Freud, 1985).

The works of Nietzsche and Freud, which first were written in German, have had a substantial and lasting influence on forthcoming concepts in psychology, culture and politics, particularly in German speaking countries. Chapman's statement that only two psychiatric papers dealt in depth with the relation between Freud and Nietzsche must be qualified. Karl Jaspers, the famous German psychopathologist and philosopher referred to Nietzsche and appreciated him as harbinger of modern psychology. The abundant relations between psychoanalysis and Nietzsche are reviewed comprehensively by Strotzka (1988) and Haslinger (1993). Waugaman (1973) dealt with the intellectual relationship of Nietzsche and Freud.

In addition, there are some outstanding papers on problem complexes found in the thought of both Nietzsche and Freud: consciousness as a 'surface phenomenon', repression as a control mechanism and its importance in art and religion, the superego (Hagens, 1985), and the origin of the id (Nitzschke, 1983). Holmes (1983) pointed out that for both Freud and Nietzsche, the cause of the human tragedy was not merely the fall of Nature, but the inexorable knowledge that Man's denial of his biological heritage was the very basis of being human.

Thus there is a much more extensive discussion of Nietzsche's influence on Freud, carried on especially by psychiatrists and psychoanalysts both in English and German speaking countries, than Chapman & Chapman-Santana's paper demonstrated.

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