

used by the Haitian Voudoun priests (*bokors* or *hungans*) revealed known toxins capable of inducing physical and psychological states similar to those characterised in Haiti as zombification, i.e. being raised in a comatose trance from the grave and forced to toil as a slave.

Ironically, one of the reasons for the delay in the investigation of earlier reports of *bokor* poisons seems to have been the derision social scientists poured on the Zombi phenomenon as an exotic legend served up by sensational colonial writers. Evidently the "actual phenomena which colonial psychiatry has bequeathed us" may well stand up to closer examination!

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#### References

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#### One Hundred Doctors at The Retreat: Ten Year Survival

DEAR SIR,

The cases of 100 doctors admitted to The Retreat, York, during the previous decade were reviewed in 1975 (Franklin, 1977). The findings were closely comparable with those of other studies, and included dependence on drugs and alcohol in 34 of the cases.

Outcome is difficult to assess, but continuation of registration can be taken as an indication of professional survival. At the end of the decade of admissions (1975) 73% of the patients and 83% of their controls, with 68% of the addicts among the patients, were still registered. Ten years later (1985) 43% of the patients and 73% of their controls, with 35% of the addicts among the patients, are still registered. The method used to choose controls is described in the original paper.

I am grateful to the present Medical Director of The Retreat for his helpfulness.

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#### Reference

- FRANKLIN, R. A. (1977) One hundred doctors at The Retreat: a contribution to the subject of mental disorder in the medical profession. *British Journal of Psychiatry*, 131, 11–14.

#### Nightmares Following Childbirth

DEAR SIR,

We have read with interest Bishay's recent paper on treatment of nightmares (*Journal*, July 1985, 147, 67–70). May we draw attention to the problems of women who have contacted us who are suffering from severe nightmares a year or more after childbirth and whose problems are undiagnosed and untreated. They seem to have suffered excessively painful and traumatic deliveries (including forceps deliveries) often with unsympathetic staff.

We find two problems in getting help for these women. Some feel they have suffered technological rape, and are unable to talk freely to male doctors. Secondly, despite many articles on improving communication between doctors and patients, any "communication" of criticism of her previous care by the patient frequently causes antagonism and loss of therapeutic listening from the doctors she sees subsequently. In some cases we suspect psychiatric referral has been made for the purpose of labelling the patient as neurotic or hysterical in order to defuse any future complaint or litigation.

May we suggest that the therapist could start with the hypothesis that the patient just might be telling the truth, and thereby possibly identify staff behaviour or practices which may damage future patients?

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#### The Yellow Journal

DEAR SIR,

Ever since the *British Journal of Psychiatry* evolved from the *Journal of Mental Science*, I have had a problem. The "yellow journal" just did not stack properly: it had a creeping diathesis which caused it to slither all over my shelves. In fact, some issues would crawl right to the back of the shelf, only to be found years later when I moved office. The only answer to this problem was the expensive one of having the *Journal* bound, and even then I had the