

Keogh, F. & Walsh, D. (1997) *Irish Psychiatric Services. Activities 1996*. Dublin: The Health Research Board.

Latham, R. W. & Kreitman, N. (1984) Regional variation in alcoholism rates in Britain: the effect of provision and use of services. *International Journal of Epidemiology*, **13**, 442–445.

Ni Nuallain, M., O'Hare, A. & Walsh, D. (1987) Incidence of schizophrenia in Ireland. *Psychological Medicine*, **17**, 743–748.

D. Walsh The Health Research Board,
73 Lower Baggot Street, Dublin 2, Ireland

Authors' reply: We are thankful to Dr Walsh for his comments on our editorial. His contribution to knowledge about the health of Irish people in both Ireland and Britain has been substantial. The admission figures quoted in our paper are indeed dated. As far as we are aware, there are no more recent national figures available. However, Walls (1996) studied admissions to an acute psychiatric unit in the London Borough of Haringey during a six-month

period in 1995. She found that Irish people were over-represented in a manner similar to that found in the earlier studies. We agree with Dr Walsh that admission rates have to be interpreted carefully and we drew specific attention to this in our editorial. Nevertheless, the fact that Irish people are so heavily involved with psychiatric services in Britain, for whatever reasons, is itself a cause of concern. In addition, recent studies have pointed to a very high suicide rate within the Irish community in Britain, a fact which should add to this concern.

Dr Walsh also draws attention to the importance of social class. We commented on this issue in our editorial, noting the study by Harding & Balarajan (1996) in which social class failed to explain excess mortality rates among second-generation Irish people living in Britain. These authors drew attention to the importance of other issues in relation to the poor health experience of Irish people.

We have no simple explanation for why the Irish fare badly (in terms of physical and mental health) after migration to Britain. However, we are clear that there are real questions which need addressing and real problems to be faced.

Harding, S. & Balarajan, R. (1996) Patterns of mortality in second generation Irish living in England and Wales: longitudinal study. *British Medical Journal*, **312**, 1389–1392.

Walls, P. (1996) *Researching Irish Mental Health: Issues and Evidence. A Study of the Mental Health of the Irish Community in Haringey*. London: Muintearas.

P. Bracken Department of Social and Economic Studies, University of Bradford, Richmond Building, Bradford BD7 1DP

L. Greenslade American College, Dublin

B. Griffin Birmingham Irish Mental Health Forum, Ladywood, Birmingham

M. Smyth Northern Birmingham Mental Health Trust

One hundred years ago

Sudden loss of hair due to mental shock

In the *Progrès Médical* of June 17th M. Boissier relates the following remarkable case which is an addition to the group of cases in which sudden loss of hair or change of its colour followed mental shock. The subject was a vigorous peasant, aged 38 years, who was not of a nervous temperament beyond being slightly emotional. His hair was abundant and of a dark chestnut colour and not even slightly interspersed with white filaments. One

evening as he was returning home preceded by his mule on which was mounted his son, aged eight years, the animal slipped and the child was thrown off and trampled on several times. He was only severely bruised but the father thought he was killed and in endeavouring to save him was terror-stricken. He trembled and had palpitations and a feeling of cold and tension in the face and head. On the following day the hairs of the head, beard, and eyebrows commenced to fall in quantities so that after eight days he was absolutely bald. At the same time the skin of

the face and head became paler. Without delay the hairs began to grow again in the form of a colourless down. Soon all the affected regions were covered with finer, more silky, and a little more thinly sown, completely white hair. The hair of other regions was not affected.

REFERENCE

Lancet, 8 July 1899, 109.

Researched by Henry Rollin, Emeritus Consultant Psychiatrist, Horton Hospital, Epsom, Surrey