

was undoubtedly a badly administered asylum" is justified. My own reading of the history of the Burntwood asylum (Budden, 1989) has revealed nothing like that; on the contrary, there were summary dismissals of staff at the slightest suggestion of ill-treatment of patients, whatever the provocation.

No doubt Lomax was well justified in describing the conditions he found and in seeking improvements. However, it would be grossly unfair to use the description of conditions during 1917–1919 to castigate the asylum service and to denounce the provision which had been made by the Victorians for their mentally afflicted citizens.

D. W. BUDDEN

Pharmacy Department
St Matthew's Hospital
Burntwood
Walsall
West Midlands WS7 9ES

Reference

- BUDDEN, D. (1989) *A County Lunatic Asylum. The History of St Matthew's Hospital*. St Matthew's Hospital, Burntwood: D. Budden.

Brain transplants: myth or monster?

SIR: Henderson (*Journal*, May 1990, 156, 645–653) cites brain transplants (in brackets) as one of the possible future treatments for dementia. The question which has been left unanswered is: who will be the donor? Will Mr A receive Mr B's (or Mrs B's) brain tissue with which to think and control his own body, or will B (male or female) wake up (again!) in A's body?

I put this question informally to a number of psychiatrists and got almost as many different replies. What I did learn was that the debate between Descartes and Franz Alexander was alive and kicking (Brown, 1985). Some psychiatrists see the mind as being synonymous with the physical brain, others view it as some ethereal envelope about our person, whereas still others conceptualise it in terms of a supernatural and eternal soul which utilises an otherwise selfless brain during life.

Will brain transplantation join the growing list of procedures requiring lengthy ethical (and theological) debates along with predictive genetic testing and organ donation from anencephalics? Or, are the technical aspects of full brain transplantation so complicated as to render the whole argument academic or fictional? Perhaps partial brain transplants would

not arouse the same emotions, but which parts and how much?

BRIAN O'SHEA

Newcastle Hospital
Greystones
Co. Wicklow
Ireland

Reference

- BROWN, T. M. (1985) Descartes, dualism and psychosomatic medicine. In *The Anatomy of Madness, Vol. 1* (eds W. F. Bynum, R. Porter & M. Shepherd), pp. 40–62. London: Tavistock.

Patterns of attendance at child psychiatry clinics

SIR: I read with interest the paper by Stern *et al* (*Journal*, March 1990, 156, 384–387) and would like to offer local experiences in Hong Kong to widen the discussion.

In a seven-year survey of referrals to the child unit of a department of psychiatry in a teaching hospital in Hong Kong (Luk & Lieh-Mak 1985), somatic complaints were the most common reason for referral (19.6%). When we opened a self-referred primary mental-health care clinic for children at a well-established voluntary agency, conduct problems became the most common complaint (46.4%; Chung & Luk, 1990). The clinical diagnoses made also differ between the two settings. While these might be explained by referral bias, Hong Kong parents did seem to seek help for different problems from different sources: somatic problems from doctors, and 'bad' behaviour from non-hospital settings. The fact that Drs Stern *et al* found Asian children referred had a narrower range of problems might be explained in this way. Furthermore, when the primary mental-health care clinic for children was set up in Hong Kong with minimal advertisement, a half-year waiting-list promptly accumulated: Hong Kong parents, acutely aware of their 'problematic child', actively sought help, but unfortunately not usually from hospital. This might shed light on why Asians were under-represented in Dr Stern *et al*'s paper. Although Dr Stern *et al* did point out that the department accepted self-referrals, it was the hospital setting itself that carried the stigma. Those parents who think that their child has problems might not know or like the idea of attending child psychiatric clinics in hospital settings. The under-representation of Asian children can therefore be explained not only in terms of cultural differences concerning what is acceptable behaviour in children, but also in terms of the parents' perceptions of who and what problems