

Afro-Caribbeans have, for instance, White ancestry. Using the Victorian definitions of 'Caucasian' (predicated upon 'Indo-European' linguistic patterns), South Asian immigrants and their children born in Britain are 'Caucasian'. Or do the authors mean 'White' by 'Caucasian'?

The ambiguous and tendentious use of an idiom which connotes a simple causal relationship between phenotype, genotype, behaviour, and social experience is disturbing. What is wrong with the terms (a) *ethnic group* (as currently perceived), (b) *race* as a sociological term, or (c) quantitative measures of population genetics, as variously needed?

Estimates of various ethnic groups in the general population can be derived from the 1981 Census head of household figures using the Labour Force Survey correction factors.

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SIR: We thank Littlewood for giving us an update on the latest anthropological view for describing the demography of samples. To clarify the use of terms in our study, 'Negroid' refers to those individuals who have the appearance of some African ancestry, and 'Caucasian' refers to Indo-Europeans, white and non-white.

Clearly, associations in themselves cannot be used to imply a causal relationship, simple or otherwise.

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#### Mania Following Head Injury

SIR: Clark & Davison (*Journal*, June 1987, 150, 841-844) argue that the infarct their second patient was noted to have in the left frontal region during a manic episode was unlikely to be causative because Cummings & Mendez, in their review on the association between mania and the site and nature of inter-cerebral lesions, did not find any reports of mania associated with cerebrovascular lesions in the left frontal region. There are at least two case reports of mania associated with lesions in the left fronto-temporal region: Jampala & Abrams (1983) reported a 52-year-old man with recurrent manic episodes with onset at the age of 24 following a rupture of a left middle cerebral artery aneurysm. Herlihy & Herlihy (1979) have described a 58-year-old lady with manic episodes following a haemorrhage in the left middle

cerebral artery. Both these patients were noted to have lesions in the left frontal and frontotemporal region.

Clark & Davison also note that the two previously-reported cases of mania associated with head injury occurred in younger patients and that this is contrary to the commonly held view that secondary mania is more common in the elderly, as suggested by Krauthammer & Klermann (1978). Shukla *et al* (1987) studied 20 patients who developed mania following closed head injury, and the age at first psychiatric episode in their patients ranged from 17 to 42 (mean = 27.5 years). Brackens (1987) reported a lady who developed mania at the age of 48 following head trauma. So, from the above reports, it appears that mania can occur at any age following head injury.

Carbamazepine is very effective in the treatment of secondary mania (as suggested by Jampala & Abrams (1983)) and this should be considered as one of the first line agents in addition to lithium.

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#### Schizophreniform Episode Following Measles Infection

SIR: The description by Stoler *et al* (*Journal*, June 1987, 150, 861-862) may be the first adult case reported in the literature, but Nunn *et al* (1986) have previously reported four cases where there was an association between a viral illness (measles, rubella, varicella, and herpes) and adult-type psychosis in children. All the children had some neuro-developmental disorder rendering the children more vulnerable to psychosis once infected by a virus.

Nunn *et al* drew attention to the need to clarify the role of the virus in the aetiology and suggested a