Brit. J. Psychiat. (1963), **109**, 766–774

Psychiatry in Kuwait

By NATHAN S. KLINE

Kuwait, the country with the world's highest per capita income,* has a population of roughly 325,000, of whom only half are ethnically Kuwaiti. The original settlers left the Nejd in Central Arabia about 1710 because of a severe drought, and after wandering about for several years with their herds and flocks eventually settled at the head of the Persian Gulf. The country they founded, about the size of Northern Ireland or of the State of New Jersey, is wedged in between Iraq and Saudi Arabia. Next to the Kuwaiti, the second largest group of inhabitants is the Bedouins who "are recognizable by their particular Arabic accent, their characteristic smell, and their long hair and beard", according to a resident of Kuwait City. The Bedouin women can also be recognized easily because the black "thaub" which covers them completely from head to foot is made of solid cloth with narrow slits for the eyes, whereas the "thaub" of the Kuwaiti women has a black veil built into it.

At the present time most Kuwaiti are either government employees or merchants. There has always been a tradition of bargaining, buying and selling so that a number of the Kuwaiti have done extremely well and are able to handle such things as credit with great ease. Some of the merchants are highly successful and have worked their way into the multi-million dollar class. Businesses in Kuwait must involve a native Kuwaiti, so that there are many "silent" partners in the sense that in return for lending his name to a business a Kuwaiti receives a share of the profits. There exist in Kuwait some industries and establishments such as brick-ovens and manufacture of tile; moreover, processing of petro-chemicals and filling of oxygen and chlorine cylinders can be counted among the growing industrial processes. The Government of Kuwait is planning to build up more factories in the near future. (There is a technical school which graduates technicians in several fields, but the majority of such employees (including teachers) come from neighbouring Arabic-speaking countries.) The Bedouins have been granted Kuwaiti citizenship and a process of urbanization for them has been put into effect. Large numbers of them are labourers in Kuwait Oil Companies and some are taxi drivers, soldiers, policemen, guards, etc. Many still are raising sheep and goats. At one time shipbuilding was an activity that employed a fair number of men but this has disappeared, as has pearl diving. Smuggling, which was previously an important pastime, has continued although it has now dropped from its position as the major source of income. The piracy which occasionally used to accompany the smuggling has virtually disappeared.

The sudden acquisition of great wealth presented a problem of distribution to the benevolent Sheik† and one technique he used to get money to circulate was to buy most of the houses in the old city, giving the owners a fabulous price for their land, which enabled them to build new and larger houses and frequently an extra one which they could rent out. Apartments are extremely expensive, so that a very ordinary three-room apartment will rent for $100 to $150 per month. For Kuwaiti who come from the poorer classes, jobs are invented or overstaffed. For instance, there are ten guards for the grounds at the mental hospital who are paid $150 to $175 per month when in point of fact no guards are needed. Similar occupations, such as municipal policemen (in addition to the regular police force)

* An estimated one-third of the world's oil reserve is in Kuwait and it is readily accessible.

† His income is estimated to be $800,000,000 a year and the budget of the Government of Kuwait is $600,000,000.

https://doi.org/10.1192/bjp.109.463.766 Published online by Cambridge University Press

are quite frequent, and the town is liberally sprinkled with such individuals who really do nothing but walk around in their uniforms and lean against the buildings.

Juvenile delinquency is not now a major problem, but it is beginning to increase. In part this is because any Kuwaiti with any degree of education up to the present has been able to find a good job, but if this availability of work decreases there may be more problems.

The General Medical Situation

The position and role of psychiatry is best understood against the broad medical background. From 1909 until quite recently virtually all medical services were provided by the American Arabian Mission Hospital of the Dutch Reformed Church. Now there are three modern general Government Hospitals, the oldest of which is the Ameeri Hospital built in Kuwait City in 1948. The newest, the 695-bed Al Sabah Hospital, which opened in December, 1961, is divided into a 140-bed maternity wing with 142 cots for infants (not counted as beds), a 162-bed paediatric wing, and a 251-bed medical and surgical division which includes 96 surgical, 48 medical, 48 E.N.T., 51 private, 4 casualty beds and 4 in the heat exhaustion room. The cost was approximately five million Kuwaiti dinar ($14,000,000).

The army, which maintains eight helicopters for both military and civilian emergencies, services a landing field at the hospital so that acute cases from other parts of the country can be flown directly there.

There are Government clinics in the petroleum fields in addition to those provided by the oil companies and there are other out-patient clinics near the desert, but neither these nor the general hospitals deal with psychiatric cases.

There are a total of about 325 physicians* in Kuwait but almost none of them handle psychiatric out-patient problems. Pharmaceuticals of all kinds are supplied gratuitously by the Government to patients of the various Government hospitals and clinics. There are proprietary pharmacies for the patients of the few private practitioners. Incidentally, patients will not use oral medication if they can obtain an injection, since they believe anything given parenterally must be much more potent.

In the past there was concern about illicit political activity which resulted in a ban against local societies of any kind. With the election of a new parliament this year and the reorganization of the Government this may be expected to change. There is a medical "club" which consists of a house donated by the Government in which lectures are given. In the past there was not always friendly co-operation between various doctors; in part because of the absence of a medical society and in part because of the competition between the various nationalities (Egyptian, Indian, Japanese, American, etc.). An independent medical organization is anticipated in the near future which should be of great help.

Because of the occasional unrealistic attitude toward "maltreatment", if a local physician had any question at all regarding diagnosis or treatment he frequently referred the patient to a specialist since he thereby avoided responsibility. To make a clinical error had at times resulted in punishment and on rare occasion in the expulsion of the doctor from the country. This situation has also changed.

Medical service is free and any patient desiring to visit a doctor must be seen by him. Until this year there was no system of registration for patients, and as a result the same patient frequently went to two or three different doctors simultaneously; this increased the medical work load so that a physician may have had to see a hundred patients in the course of a day, with the result that the quality of diagnosis and treatment was sometimes poor and led to considerable confusion different treatments often being prescribed by different physicians. Further, the patient did not need to be referred by a general practitioner, but could go directly to one of the Government-paid medical specialists so that they too were overburdened. Because patients do not have to pay for either medical care or drugs they sometimes tend to have a low regard for the value of the treatment and frequently will throw away their medication and go to one of the few licensed private

* There are also 25 dentists and 11 veterinary surgeons.

https://doi.org/10.1192/bjp.109.463.766 Published online by Cambridge University Press

practitioners whom they must pay, believing that his advice will necessarily be better.

A new system of registration has been adopted. Kuwait is divided into several districts and each district has its own clinic in which the population is registered and treated. Every doctor in the clinic is in charge of about 3,000 inhabitants. This doctor can transfer the patients to the specialists if he finds it necessary; but the patient can no longer go directly to the specialist. A "mother" clinic open on a 24-hour basis serves several neighbouring clinics.

The Psychiatric Situation

A neuropsychiatric patient (including epileptic) when he becomes ill is usually first taken to a *mullah* (teacher) at whose home he may stay for two or three days during which time the mullah reads to him from the Koran, blows on him in a prescribed ritualistic manner, or may write certain words on paper which are then wrapped in cloth and suspended on a string from the patient's neck or arms. The writing usually consists of magic symbols or words from the Koran and is done with a special ink of characteristic colour and smell, made by mixing prescribed desert herbs. If this fails the patient is often taken to a *muttawe* (native doctor) who may use the same type of treatment or may use *kai*, which consists of cauterization of the head, usually in the form of a cross from forehead to occiput and ear to ear or a circular line around the circumference. For non-psychiatric diseases other parts of the body may be cauterized and there are frequently specialists in one disease or another.

The native word for mental disorder is *sabab* which literally means "cause". The term *sabab* is also used in reference to any other mysterious disease and "cause" is believed due to "underground devils". In the past those cases of failure by the *mullah* and the *muttawe* were frequently chained underground in a cave or a closed room and on occasion attempts were made to drive out the devils by flogging. Only if treatment by the *muttawe* failed or when the family ran out of money was the patient taken to the mental hospital. There are still a number of quite famous *muttawe* in Kuwait City itself and about six of them are particularly prominent. However the city dwellers are beginning to lose faith in this method of treatment.

Bedouins also recognize mental illness as such, and in the desert the *muttawe* in addition to or instead of *kai* may also use *zar* as a major treatment. This consists of a gathering of 10 to 20 sick people, usually hysterics, at which the *muttawe* with some 10 assistants acts as the master of ceremonies at a ritual "drumming out of the devil". It is up to the *muttawe* to decide what sort of demon is possessing the patient, because different rhythms and different sacrifices, e.g. a black hen, a brown and white lamb, etc. are called for in different illnesses. The group, numbering 30 or 40 persons including spectators, starts dancing in the early morning and may literally go on for two or three days until the patients drop exhausted. Fire and incense are used to heighten the effect, but curiously there is no report of drug usage for this purpose.

Among the Bedouins and even the Kuwaiti there is a very high incidence of homosexuality. Probably 90 per cent. of the males have some kind of homosexual relationship or at least did until very recently and it is almost universal among the lower classes since there are no other sexual outlets beside masturbation and sodomy. In Oman where the nomads are among the most primitive there is even a "marriage ceremony" with public drumming and dancing to celebrate a marriage between men. The strict purdah in which women are kept, with its consequent isolation, accounts for the impossibility of other contacts. In the desert, bestiality is quite frequent. It was the opinion of the psychiatrists working in Kuwait that the high incidence of homosexuality and the keeping of purdah influenced the incidence and types of neuroses but not of psychoses.

The general impression of the Egyptian psychiatrists who staff the hospital is that the overall incidence of mental disease is not appreciably different from that in Egypt or the Western world. One unusual feature is that Bedouins frequently demonstrate hebephrenic schizophrenia but very rarely any paranoia. It was the opinion of Dr. Tala'at, Director of the Kuwait Hospital for Nervous and Psycho-

https://doi.org/10.1192/bjp.109.463.766 Published online by Cambridge University Press

logical Disorders, that a modicum of civilization and education is needed for paranoid delusions to occur.* Bedouins do have auditory hallucinations, but do not react to them in the same manner that we do in Western culture. The high incidence of homosexuality in conjunction with paranoid ideation among the Kuwaiti and the same high incidence of homosexuality with the absence of paranoid thinking among the Bedouins raises questions about the conjectured relationship between paranoid reactions and homosexuality.

Probably 10 per cent. of Kuwaiti are at least sporadically alcoholic, despite the fact that Moslem law forbids alcohol. Frequently groups of 20 or more men will go out in a boat with sufficient liquor for all of them to become quite drunk. Under these circumstances homosexual relationships are again quite common. It is a curious fact that for a man to kiss another man in public attracts absolutely no attention, but were he to kiss a woman he would certainly be placed in jail and severely punished. The incidence of general paresis is only about 1 per cent. but 15 per cent. to 30 per cent. of the patients admitted to the hospitals have syphilis. It is even more common than this in Saudi Arabia.

Among the females the most frequent disorder of psychological origin is *awar*, of which the main symptom is pains in the bones. Very closely related to this is *sawakhis*, in which the pain is in the muscles and accompanied by headache.

One problem for the women is the fact that as the society became increasingly urban and the forms of social release which were previously available disappeared, nothing was provided to replace them. There are no places where females can meet with females other than their own family, let alone with males. Most females were not permitted to attend school beyond the elementary level, and there is no compulsory education. Now there is more encouragement of female education. A girl in Kuwait still cannot visit another girl or go with a girl friend or a female member of the family on a shopping trip or to the movies. The husband or father must accompany the woman. In Egypt the fact that most women have now had to go to work has helped relieve this situation a great deal. The very wealth of Kuwait has delayed the emancipation of women. The men conduct all the business and even when they are not working spend a great deal of time walking about, hunting and fishing together.

* The same point was made in an article in which I dealt with psychoses in Central Java. See Biblio. 5 and 6.

Psychiatric Facilities

The "old" mental hospital in Kuwait was established by conversion of a prison in 1945. There had been one psychiatrist appointed in the early 1950s, but when he found that he was not able to institute the programme that he contemplated he forthwith left. When Dr. Tala'at arrived from Egypt in September, 1955 there were 25 patients in this "hospital" but no medical records and no psychiatric treatment. The place had been in the charge of a general practitioner who stopped by every week or two. Three or four workers "cared" for the patients, some of whom were chained in separate cells while the others were kept in a large room-size cage during the day. Dr. Tala'at began to fix up the place and supervised such useful construction as putting in a floor (there previously had been only earth) and painting the ceiling (which had merely been boarded over) and even managed to obtain some air conditioners. A small annexe to the building was converted into an out-patient division. Thus demonstrating his intention of being helpful, he all the while negotiated with the Sheik to obtain a completely new institution. He succeeded.

The present hospital and the new extension being built are very satisfactory quarters. After the present hospital had been completed with individual air conditioners in each of the rooms, it was decided that central air conditioning would be better, and as a result there is presently continual reconstruction going on in order to accomplish this. In the extension to be opened next year the central air conditioning will be installed from the start. When this new section opens it will finally be possible to abandon the old hospital in the centre of town, which still houses 60 chronic male and 42 chronic female patients. The present hospital

https://doi.org/10.1192/bjp.109.463.766 Published online by Cambridge University Press

has a census of 100 male patients and 44 females. The new building will have a total of 350 beds in six separate sections, so that when the old section is abandoned there will be accommodation for approximately 500 patients under conditions of really excellent housing.

Psychiatric Staff

The hospital staff consists of eight psychiatrists and a nursing staff headed by a matron who has under her 16 trained sisters and 19 untrained assistant nurses as well as 16 trained male nurses and 68 assistant male nurses. The eight psychiatrists are all Egyptians. Two are at present studying for their D.P.M. at the Maudsley Hospital.

Administration

Until fairly recently there was a good deal of confusion in the running of the hospital since there was little co-ordination between the different departments. The medical director was a foreigner to Kuwait, whereas the steward of the hospital (i.e. business manager) was a native Kuwaiti. It seemed less than equitable to place a native Kuwaiti under the direction of a foreigner; thus the steward proceeded on his own, ordering such equipment and supplies as seemed to him most needed and even put up additions and renovated without concurrence from the medical director. The nursing staff (as sometimes happens even elsewhere) were a law unto themselves and the matron arranged the care of the patients in the manner that seemed best to her. Recently however a Board has been established consisting of the medical director, two of the medical staff, the steward and the matron. They meet once a week to attempt some co-ordination of their activities.

Patient Statistics

In-patients

The hospital fiscal year begins in September, and during the 1959–1960 year there were 429 male admissions and 157 female admissions. A very substantial number of these were not natives of Kuwait but had come from neighbouring countries. Actually of the 429 male admissions only 231 were from Kuwait, but there were 114 native Kuwaiti among the 157 female admissions. In the 1960–1961 fiscal year there were 426 male admissions and 186 female admissions. Discharges during this latter period were made up of 424 males (including two children) and 168 females (one child). In addition there were two deaths of males and two deaths of females.

Out-patients

During the 1959–1960 fiscal year 1,718 patients were treated at the out-patient clinic. Of these 1,073 were Kuwaiti (687 male and 386 female).

The area of Kuwait from which a patient comes is listed under one of ten districts. About three-quarters of the Kuwaiti in-patients and about 40 per cent. of the out-patients come from Kuwait City. For both in-patients and out-patients from Kuwait City there is an incidence of about two males to every female. A number of the districts have a heavy preponderance of Bedouins but the same male/female ratio is maintained.

Grade	Starting Salary $	Maximum (sixth year) $	On-call Bonus %	Car Allowance $	Approximate Monthly Total Range* $
1	615	772	40	95	850–1,250
2	510	615	40	95	850–1,000
3	415	510	30	95	650– 850
4	335	415	30	95	550– 650

* Should be compared to income *after* taxes and after living expenses in the U.S.A.

https://doi.org/10.1192/bjp.109.463.766 Published online by Cambridge University Press

Comparison of In-patient Admissions from Kuwait with Other Countries

Nationality	Males	Females	Total
Kuwaiti	231	114	345
Jordanian	34	11	45
U.A.R.	11	9	20
Saudi	24	8	32
Iraqui	30	5	35
Lebanese	16	2	18
Palestinian	5	1	6
Omani	19	3	22
Iranian	24	2	26
Indian	8	1	9
Pakistani	1	1	2
Bahrani	1	0	1
Mahri	10	0	10
Soumali	3	0	3
Hadramout	3	0	3
Italian	3	0	3
Yemeni	2	0	2
Adeni	2	0	2
Ojmani	1	0	1
Chinese	1	0	1
Totals	429	157	586

Diagnostic Distribution of In-patient Admissions, September 1959–August 1960

Diagnostic Distribution of Admissions	Males	Females	Total
Manic depressive psychosis	110	51	161
Involutional melancholia	1	3	4
Schizophrenia	156	49	205
Paranoid state	15	4	19
General paresis	4	0	4
Cerebral arteriosclerosis	8	0	8
Senile dementia	5	6	11
Parkinsonism	3	0	3
Addiction: Alcohol	29	1	30
Morphine, opium or heroin	7	2	9
Acute confusional insanity	2	1	3
Lactational insanity (post-partum psychosis)	0	14	14
Post-traumatic state	1	0	1
Rheumatic chorea	1	0	1
Encephalitis	2	0	2
Brain tumour	1	0	1
Disseminated sclerosis	0	1	1
Epilepsy	9	2	11
Psychopathic state	4	0	4
Mental deficiency	5	2	7
Behaviour disorder	1	1	2
Anxiety state	16	6	22
Hysteria	23	8	31
Obsessive compulsive neurosis	1	1	2
Neurasthenia	0	0	0
Psychosomatic condition	2	1	3
Spinal cord tumour	1	0	1
Virus radiculitis	1	0	1
Haematomyelia	1	0	1
Lumbar spondylosis	0	1	1
Not insane and not psychoneurotic (criminals referred for examination)	20	3	23
Totals	429	157	586

https://doi.org/10.1192/bjp.109.463.766 Published online by Cambridge University Press

Diagnostic Distribution of Out-patient Admissions, September 1959–August 1960

Diagnosis	Males	Females	Total
Manic depressive psychosis	34	24	58
Schizophrenia	40	15	55
Paranoid state	3	4	7
General paresis	1	0	1
Cerebral arteriosclerosis	4	4	8
Senile dementia	10	3	13
Parkinsonism	10	1	11
Addiction:			
Alcohol	6	0	6
Morphine, opium or heroin	1	0	1
Lactational insanity (post-partum psychosis)	0	1	1
Post-traumatic state	2	0	2
Epilepsy	52	26	78
Psychopathic state	2	1	3
Mental deficiency	18	20	38
Adolescent maladjustment	2	0	2
Behaviour disorder	13	6	19
Anxiety state and phobias	254	114	368
Hysteria	128	66	194
Obsessive compulsive neurosis	7	4	11
Neurasthenia	2	1	3
Psychosomatic condition	69	58	127
Impotence	37	0	37
Stammering	9	0	9
Menopausal state	0	21	21
Neurological disorder	87	33	120
No psychiatric condition	346	174	520
Malingering	5	0	5
Totals	1,142	576	1,718

Since exact census figures on the number of people from other countries now living in Kuwait are not available it is impossible to give the incidence of mental disorders in these foreigners. However there may be some interest in itemizing these admissions to give some idea of the cosmopolitan composition of the present population.

In contrast to the ratio of 2 males to 1 female among Kuwaiti the ratio is about 4 to 1 among the foreigners, which is not surprising in view of the fact that it is mainly the males who have migrated or come for seasonal employment. More males are admitted during the six very hot months than during the "winter". A greater number of female admissions occur during the cooler months. This in part may be due to the excess of foreigners present during the cooler months. Compared with the Kuwaiti women, most of the female admissions from other countries occurred during the hot season when the temperature ranges from 110 to 140 degrees.

It should be added at this point that the history and examination sheets for both in-patients and out-patients are exceptionally complete and well kept. There is a gold-mine of information available which could be turned to great use with relative ease if there were even a small research staff available to code and process these records.

Laboratory Tests

Laboratory tests are carried out on all new hospital admissions and 90 per cent. of the out-patients. Chest X-rays are also obtained on all new hospital admissions. As previously indicated, about 10 per cent. of all patients have a positive Kahn test for syphilis and stools are positive for amoebiasis in about 70 per cent. of the cases. Schistosomiasis is rare, and when

https://doi.org/10.1192/bjp.109.463.766 Published online by Cambridge University Press

found is usually in natives of Iraq or Iran. Surprisingly few malarial parasites are found and when they occur are almost always in natives of Iraq, Iran or Saudi Arabia. The incidence of diabetes appears to be moderate.

Psychopharmaceuticals

One of the very striking features is the almost total absence of side-effects from psychopharmaceuticals. A complete battery of haematological and liver function tests including serum protein, bilirubin, icterus index, Takata and bromsulphalein are done on all patients receiving drugs, so it is not for want of looking that there is an absence of any reported liver damage. Dr. Tala'at could recall only one patient in whom there might have been some such reaction and it was his feeling that this could be correlated with the low incidence* of allergic reactions in a dark-skinned population.

The drugs in use include neuroleptics, hypnotics, anti-depressants, psychomotor stimulants, and anti-epileptic and anti-parkinsonian drugs. In accord with French theories, the psychiatrists try to induce extrapyramidal rigidity which they then maintain for four to five days. In order to reach this state they gradually keep increasing the medication and have given, for instance, up to doses of 90 mg. of Majeptil t.i.d. (270 mg. o.d.).

Other Therapies

Recreational therapy is widely used. A film is projected twice weekly in the cinema of the hospital and there are also television sets. A local broadcasting system is in the process of installation and playgrounds are also in the process of construction. Other therapies are also used on a smaller scale.

Special Problems

The staff at the hospital was interested in trying to find out how the Bedouins spent their time in the desert in order to devise suitable occupational therapy. Thus far their efforts have not been very successful. Another problem at the hospital is that follow-up on patients is extremely difficult, since they frequently move from one house to another or the houses themselves are moved and when the patients are in the desert there is no way of knowing where they are. Further in many places there are no street addresses, which makes locating them rather difficult.

Literary Arabic is quite different from the vernacular, so that reading and listening present two very different problems. Attempts at medical education of the public are thus made difficult, since very few of the people read and since the vernaculars differ so greatly that even presentations on television or radio would have to be repeated in a great number of the dialects. There is a "popular" picture magazine sponsored for the health field and this is very helpful, although still somewhat limited in its usefulness because of the low literacy rate.

The major psychiatric problems as seen from the hospital point of view are:

1. Difficulty of follow-up, so that most patients are seen only when they relapse.
2. Unnecessary referrals by other doctors and self-referral by patients.
3. Rehabilitation of patients.
4. Eradication of difficulties in the patient's environment which may have contributed to the original hospitalization.

Patients in the hospital are free to come and go as they wish and there is no way of preventing them from being discharged against medical advice. As a rule when a patient has been sent to the hospital by the police he is returned to the police with a recommendation for discharge. When a prisoner is sent for examination or treatment, an around the clock police guard is placed over the man, which is disturbing not only to him but to the other patients. In contrast to other patients the police cases can be kept indefinitely as the staff decides.

Some of the psychiatrists note that it is difficult to distinguish a psychotic from a non-psychotic Bedouin because of the marked difference in their whole way of thinking and reacting. Women in the hospital are not in

* Elsewhere (see Biblio. 10) I have conjectured that a low incidence of side-effects is found in countries with high infant mortality since most of the "constitutionally weak" die and those surviving have strong resistance to practically everything.

https://doi.org/10.1192/bjp.109.463.766 Published online by Cambridge University Press

purdah and it is quite easy to distinguish the Bedouin women by reason of the fact that most of them have tattooing on the cheek, chin, forehead or chest.

Some of the patients are unwilling to go home since conditions in the hospital are so far superior to those they have previously known. This problem also occurs in the general hospitals, and Dr. Zahi, Director of the Al Sabah Hospital, relates the story of a Bedouin woman who arrived to be delivered of a child and after getting the first bath in her life, was placed in a two-bed air-conditioned ward that overlooked the Persian Gulf. Fruit juices and ample food were supplied regularly. When at the end of seven days the doctor in charge of her case informed her that he was discharging her the next day she replied "it isn't necessary". He then explained that he had to discharge her since her delivery had been perfectly normal and both she and the child were getting along fine. She replied once again, "don't bother, doctor". He then started for the third time to tell her that she had to leave. Raising her hand imperiously she shouted "*Bass*", which in Arabic means "done, finished, no longer open for discussion, let me hear no more". In the end it took two weeks to get her out of the hospital.

Only certain mental defectives are admitted to the psychiatric hospital. It was decided that there must be a separate institution for them under the Ministry of Education. This institution was started in 1958 but will accept only educable mental defectives and the non-educable ones are still sent to the mental hospital. At present another Board has been requested so that these mental defectives can be placed in a special home until the Department of Education opens a larger institution.

On a brief visit to a country only certain of the special problems can be sufficiently comprehended to state them succinctly (1, 2, 4, 5, 8, 10, 12, 13). Other situations similar to those in Western countries that need investigation should become clarified on subsequent visits. As in most countries for which I have acted as consultant or carried out investigations (Haiti, 11, 14; Liberia, 9; Yugoslavia, 7; Pakistan, Nigeria, 1; Indonesia, 6) the concern of the Kuwait Government about psychiatric problems deserves extremely favourable comment.

BIBLIOGRAPHY

1. KLINE, N. S. (1963). "Applications and misapplications of pharmaceuticals in the treatment of West African psychiatric disorders." *In:* Lambo, T. A. (Ed.): *First Pan-African Psychiatric Conference*, pp. 101–103. Ibadan, Western Nigeria: Government Printer.
2. —— (1962). "Bringing clinical services to underdeveloped countries and contributions to basic knowledge that can be expected from such enterprises". *In:* Transcultural Studies, 10 June, 1961. *Acta Psychiat. Scand.*, **38**, 170–75.
3. —— (1962). "Drugs and community mental hygiene clinics". *Amer. J. Pub. Hlth*, Suppl., **52**, 1–8.
4. —— (1960). "The organization of psychiatric care and psychiatric research in the Soviet Union." *Ann. N.Y. Acad. Sci.*, **84**, 149–223.
5. —— (1962). "The proper study of mankind." *Overseas*, **1**, 6–10.
6. —— (1963). "Psychiatry in Indonesia." *Amer. J. Psychiat.*, **119**, 809–15.
7. —— (1963). "Psychiatry in Yugoslavia." *Psychiat. Quart.* (in press).
8. —— (1963). "Public health service policies regarding mental disease in the light of psychopharmacology." *J. Indian med. Prof.* (in press).
9. —— (1960). "A survey of the psychiatric needs and resources of the Republic of Liberia together with certain recommendations." *In:* Kline, N. S. (Ed.) *Psychiatry in the Underdeveloped Countries*, pp. 59–79. Washington, D.C.: American Psychiatric Association.
10. —— (1963). Discussion "The use of drugs". *In:* Lambo, T. A. (Ed.): *First Pan-African Psychiatric Conference*, pp. 111–17. Ibadan, Western Nigeria: Government Printer.
11. —— and BORDELEAU, J. M. (1962). "Experiences in developing psychiatric services in Haiti." *Wld Ment. Hlth*, **14**, 170–182.
12. —— FIELD, M. G., and ARONSON, J. (1961). "Soviet psychiatric nomenclature." *Amer. J. Psychiat.*, **118**, 178–180.
13. ——, LAMBO, T. A., LEWIS, A., MARS, L., SANSEIGNE, A., TIGANI EL MAHI, TORRE, M., etc.(1960). "Transcript of roundtable presentation and discussion." *In:* Kline, N. S. (Ed.): *Psychiatry in the Underdeveloped Countries*, pp. 1–42. Washington, D.C.: American Psychiatric Association.
14. —— and MARS, L. (1960). "The Haiti Psychiatric Institute: Centre de Psychiatrie." *In:* Kline, N. S. (Ed.): *ibid.*, pp. 48–51. Washington, D.C.: American Psychiatric Association.

Nathan S. Kline, M.D., F.A.C.P., *Research Facility, Rockland State Hospital, Orangeburg, N.Y.*

https://doi.org/10.1192/bjp.109.463.766 Published online by Cambridge University Press