This approach would help to reinforce or refute observations of borderline significance.

The importance of an association between a particular genotype and risk of disease allows people at high risk to be counselled appropriately and modifiable risk factors to be treated more aggressively. In certain circumstances, correcting a protein deficiency with supplements may be helpful. Genetic

manipulation, although intuitively attractive, is associated with practical, technical, and ethical problems but may be a treatment of the future. Most cases of myocardial infarction are unlikely to be due to a single gene defect. Nevertheless, the report by Salonen et al helps to increase understanding of genotype and disease and to identify promising areas of research.

Commentary: How high density lipoprotein protects against heart disease

High density lipoprotein protects against cardiovascular disease. Protection is conferred in at least two ways. The first way is by transporting cholesterol back from organs such as arteries to the liver, thus protecting the arteries from further atheromatous plaque formation. The second way is by acting as an antioxidant.¹ Lipid peroxidation encourages atheroma formation, so that anything which limits lipid peroxidation should reduce the risk of cardiovascular events. The component of high density lipoprotein that is most likely to provide antioxidant activity is paraoxonase.

In this study Salonen et al examined the paraoxonase gene of 165 men. One genetic mutation appeared quite commonly. In this mutation methionine is substituted by leucine at one particular position

in the enzyme's protein structure, increasing the enzyme's antioxidant activity. Men who did not carry this mutation (that is, those who were homozygous for the M allele) had three times the risk of myocardial infarction of those who did.

These observations suggest that paraoxonase is more active when the mutation is present and less active when it is not and that paraoxonase might be protective against cardiovascular disease.

Abi Berger *science correspondent, BMJ*

*Science
commentary*

- 1 Navab M, Berliner JA, Watson AD, Hama SY, Territo MC, Lusis AJ, et al. The yin and yang of oxidation in the development of the fatty streak. A review based on the 1994 George Lyman Dyff memorial lecture. *Arterioscler Thromb Vasc Biol* 1996;16:831-42.

A memorable patient The screaming man

I had to meet two social workers and a GP on a housing estate in London. When I got there the patient was out but two of his neighbours told us that he'd gone for a walk. So we waited to see if he'd return. While we did so, it was difficult to ignore the screaming that emanated from higher up in the flats, on the third or fourth floor. The sound was guttural, like an animal: a growling, bellowing roar.

I kept thinking that the screaming might be coming from our man, but the neighbours said not. It had been going on for three or four days and nights, continuously. They'd been going to call the police, but no one had. While we waited the screaming continued. More neighbours gathered, interested to see what was happening. Some said, "Something must be done" (about the screaming), while others were more concerned about our motives. "What did you want?" "What are you doing here?"

It transpired that a young man—on medication—lived alone on the third floor. One of the social workers had a mobile phone and called the police. Perhaps they'd break the door down. The ambulance, called for the original patient—the one who'd gone for a walk—had to leave because of an alert.

The police came, and we approached the flat. The growling and screaming continued. We knocked on the door, shuffling for standing room on the crowded, narrow balcony. The screaming stopped. A man opened the door. He was young, thin, and dishevelled, with beads of sweat on his forehead, and matted hair. He was surprisingly softly spoken. He let us in. There was no carpet and very little furniture. The bare wooden floorboards were covered in patches of water and the sites of small fires, lit with paper and matches but now extinguished. In the main room was a single bed, heaped with dirty clothes. There was an overcrowded dresser, but no place to sit.

We stood in the centre of the room and the police maintained a respectful distance. A second ambulance had arrived and was parking outside. The man kept turning his attention to the flickering blue light that strobed the window. If a place can reflect a psyche then this man's room did: the blue light, beaming across his sparse and scattered objects; the disorder of his internal world. He stared apprehensively; he knew something was going on. He was edgy and acutely paranoid.

Why was he screaming? He did it to stop the thought interference. It was the only way. Thoughts came into his head, all the time, from outside. The screaming seemed to clear his mind, helped him regain control, but then he'd need to scream again. He'd stopped his medication. Would he come into hospital? Yes.

The crowd dispersed as the ambulance drove away. A common event in that community. Twice more that week I would stand in cramped living rooms, surrounded by the heaped possessions of psychotic people, sitting in fear in the dark. Solitary people, in small rooms, their curtains drawn for fear of their persecutors: the delusional variety, who interfere with their thoughts, and the physical kind, who regard them as strange, who hear them scream, yet do nothing. That community, where some may cry for help, while others must scream out loud.

Sean A Spence, *locum consultant psychiatrist, London*

We welcome articles up to 600 words on topics such as *A memorable patient*, *A paper that changed my practice*, *My most unfortunate mistake*, or any other piece conveying instruction, pathos, or humour. If possible the article should be supplied on a disk. Permission is needed from the patient or a relative if an identifiable patient is referred to.