

## Editorial

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The number of refugees and asylum seekers continues to increase rapidly and this is a worldwide phenomenon. Many of these have suffered torture. Because of this, doctors are likely to encounter refugees and asylum seekers who had suffered torture in their country of origin. Although this terrible problem is widespread, none of the standard text books of neurology mention torture, and the neurological sequelae. Not only is it not mentioned in standard textbooks of neurology, but it is not mentioned in the *Encyclopaedia of Neuroscience*. The only standard text which I have been able to find which mentions torture is the *Oxford Companion to the Body* (Editors: Blakemore and Jennett. Oxford University Press. 2001).

As an indication as how prevalent this problem is, click on *Torture* on the Internet, and on one server alone, there are 2 170 000 sites. Some of these are of no medical interest but these sites include Amnesty International Campaign Against Torture, The International Rehabilitation Council for Torture, The Association for the Prevention of Torture, Canadian Centre for Victims of Torture, European Committee for the Prevention of Torture, Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment etc etc.

The World Medical Association (Declaration of Tokyo) defines torture as 'The deliberate, systematic or wanton infliction of physical or mental suffering by one or more persons, acting alone or on the orders of any authority, to force another person to yield information, to make a confession, or for any other reason'. Although torture may be defined as pain

inflicted by one human being on another, it is most often regarded as an aspect of legal systems or of repression by the state.

Torture has a long and dishonourable history from ancient cultures (including Egyptians, Persians, Greeks and Romans) up to the 18th Century. By the second half of the 18th Century, torture was abolished over most of Europe. The *Encyclopaedia Britannica* (1911) stated 'The whole subject is now one of only historical interest as far as Europe is concerned'. Stalin's Russia and Hitler's Germany demonstrated otherwise and Amnesty International now estimates that about one third of current political regimes use torture on a regular basis.

Dr Moreno and Dr Grodin, in this issue, give a short review of torture and its neurological sequelae. It makes horrifying reading. They point out that the neurological sequelae of torture can be devastating physically and psychologically and, as the number of survivors of torture continue to increase, clinicians may well encounter such patients in their clinical practices and must, therefore, be alert to the problem. Anybody who doubts this should read Amnesty International's 1973 *Report on Torture* 'Torture has virtually become a world wide phenomenon and that the torturing of citizens regardless of sex, age, or state of health in an effort to retain political power is a practice encouraged by some governments and tolerated by others in an increasingly large number of countries'.

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