This unfortunate experiment began in Gorizia (Gorica) mental hospital close to the Yugoslav border (Basaglia, 1968 and Jervis, 1977). The Italian brand of antipsychiatry first maligned psychiatric hospitals as strongholds of social repression and later paradoxically contributed to the worst form of repression, to furor therapeuticus, as described in the paper by P. Bollini *et al.*

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MEMORY UNDER THREE DIFFERENT WAVEFORMS OF ECT

DEAR SIR,

I read with interest the paper by Eric Warren and David Groome which looked at the effect on memory of ECT under three different waveforms (*Journal*, 1984, **144**, 370–5). The electroconvulsive stimuli (ECS) used in this study comprised two of high energy and one of low energy. Their findings confirm earlier research that depression had an adverse effect on certain aspects of memory function. They also conclude that the nature of the ECS had no significant differential effect on memory function. The results, however, do not necessarily support this latter conclusion.

The authors state that the assessment of mood changes in the three groups of patients, reported elsewhere (Robin & De Tissera, 1984), revealed that the low energy group recovered less quickly than the two high groups and required significantly more ECT. In view of this finding the observations on memory function should only have been made having taken due regard for the differences in the levels of mood disturbance between the three groups. It may well transpire that after allowing for the main effect on memory dysfunction, namely depression, then the secondary effect, that is the nature of the ECS, will be shown to be of relevance.

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COGNITIVE THERAPY — TRAINING THE PATIENTS

DEAR SIR,

The founders of cognitive therapy are to be congratulated upon their strenuous efforts to establish the efficacy of their treatment.

There is, however, a problem illustrated by such papers as that by Teasdale, Fennell, Hibbert & Amies (*Journal*, April, 1984, **144**, 400–6). Is it not possible that the therapy directly coaches patients in the responses they should be giving on rating scales?

The therapy is apparently designed to "train patients to identify and correct negative depressive thinking". If patients are trained to correct negative thinking, then this might affect their answers on rating scales where they are asked whether they are "weary of life" or "feel that they have let people down" to mention two items on rating scales used by the writers of the paper. Perhaps they do become trained not to express negative thoughts, but do not become any happier as a result.

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ROCK AND ROLL DELUSIONS

SIR,

Ruedrich *et al* (1983) reported three patients with delusions involving rock and roll performers. They questioned whether this was an emerging contemporary phenomenon affecting the content of delusions. We have encountered two patients presenting with delusions involving rock performers.

Case 1: An 18 year old, single, white female experienced delusions while at college that Mick Jagger of the Rolling Stones was following her and watching her constantly, causing her to shower fully clothed. She variously believed that his attentions were romantic and benevolent, or malicious and harmful. Premorbid personality was characterized by immature dependency upon her parents and social shyness, offset by unrelenting application to a competitive sport in which she achieved national prowess. There was intense sibling rivalry with a younger sister. During two hospitalizations a diagnosis of schizo-affective disorder with borderline personality was made. Her symptoms improved with anti-psychotic and lithium treatment, but an autistic preoccupation with the words of pop songs persisted.

Case 2: This 32 year old, divorced, white female with a long history of affective and behavioral problems developed delusions while hospitalized. Prior to admission she had impulsively married, then divorced,

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a mentally retarded man she met at a mental health clinic. She believed that she was secretly married to the rock star, David Bowie, after supposedly meeting in a church camp several years previously. She described seeing him "waiting for her" outside her hospital window. The onset of this delusion coincided with a local tour by Bowie.

Premorbid lifestyle featured an intense, infantilizing but covertly eroticized relationship with her father (a clergyman), and a distant and unrewarding attachment to her mother. She was raised in an overprotected environment, from which she escaped at an early age into the first of two ill-fated marriages, necessitated by an unplanned pregnancy.

She responded to anti-psychotic treatment by slowly and reluctantly relinquishing her delusions. The diagnosis was chronic paranoid schizophrenia with dependent personality traits.

The similarities in the delusions of these two female patients are noteworthy. Their delusions may be contemporary counterparts of De Clerambault's syndrome (paranoid erotomania), reflecting the high status popular musicians acquire in Western culture. These are celebrities with overt sexual symbolism, representing to each patient a fantasied wish-fulfillment of social and sexual success, in distinct contrast to the paucity of such rewarding experiences in their real lives.

Investigating the incidence and content of rock and roll delusions might be illuminating, and provide insights into the cultural determinants of psychotic symptomatology.

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FATE OF PSYCHOGERIATRIC PATIENTS

DEAR SIR,

I was interested to read the article by Drs Eagles and Gilliard (*Journal*, March, 1984, **144**, 314–6) describing the trends in the admissions to the Psycho-geriatric Assessment Unit at the Royal Victoria Hospital, Edinburgh from 1977–82. They point out that more of the patients are going on to long term hospital care and fewer are being discharged to either their own homes or to local authority Old Peoples' Homes.

I have looked at the sixty admissions in 1983 to psycho-geriatric beds at the Parc Hospital Bridgend for assessment from an area covering two of the industrial valleys in South Wales, with a population of 127,000 of whom 19,000 are over the age of sixty-five years. Eleven died, thirteen required long-stay psychiatric beds, and three were discharged to Old Peoples' Homes.

None of the patients were discharged to a long-stay geriatric bed. Just over half (33) of our patients were discharged home, more than in either of Dr Eagles' two groups; but our figures contain many cases where great pressure had to be put on reluctant relatives to accept the old people back from the hospital. However, like Dr Eagles we had only a few patients discharged to Old Peoples' Homes. The relevant local authority has specialized homes for the confused elderly but has no apparent plans to increase the number of places in its Old Peoples' Homes. Grundy & Arie (1982) pointed out that the number of places in the Old Peoples' Homes has failed to keep pace with the growth in the elderly population. If this trend continues, which seems likely particularly if the local authorities are forced to make reductions in their Social Services budgets, the psychiatric hospital will be asked to take even more demented people who require residential care.

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MONOAMINES AND MADNESS

DEAR SIR,

With the development of biological psychiatry we have seen, in recent years, an immense investment of time and resources in the study of monoamines. This concentrated effort is justified because of the supposed malfunctioning of these systems in psychiatric illness. It is postulated that schizophrenia, depression, anxiety and other disorders are due to abnormalities within catecholamine or serotonergic systems. In fact the only consistent concrete evidence we have linking monoamines with biological brain dysfunction, is of a pharmacological type. Drugs useful in the treatment of depression and schizophrenia do alter monoamine systems. There is, however, little logic in assuming that a drug which produces a therapeutic effect must do so, by a direct action on the dysfunctional brain area.

Many research papers give one the impression that the brain contains a large majority of monoamine neurones. This is far from the truth, as the overall number of monoamine-containing neurones in the mammalian brain is probably considerably less than

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