

seasonality of schizophrenic births. The causes of the seasonality, whatever they are, apparently affect male and female offspring in a similar manner.

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THE DISABILITIES OF CHRONIC SCHIZOPHRENIA

DEAR SIR,

I am full of admiration for the gargantuan efforts of Drs Owens and Johnstone in undertaking their study on 'The Disabilities of Chronic Schizophrenia . . .' (*Journal*, April 1980, **136**, 384-95). What is not made clear is whether the various assessments were made by one author or, if by both, whether independently or jointly. Although they had previously found the Withers and Hinton series of tests to be satisfactory they do not give information as to how successfully the Current Behavioural Schedule measures abnormal behaviour. While indicating that recorded information does not really allow separation of nuclear schizophrenia and schizophrenia without first rank symptoms they nevertheless give figures for the number of patients in each group and compare the frequency of negative schizophrenic features in the two types.

It was probably not feasible to arrange for an independent examiner to assess the neurological status of the subjects but this would have reassured readers that there was no bias towards finding abnormalities in keeping with the hypothesis that schizophrenia is a brain disease which produces multiple deficits. Likewise, neurological examination of a control series would have been helpful.

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DE CLERAMBAULT'S SYNDROME (EROTOMANIA) IN TANZANIA

DEAR SIR,

A 26-year-old single female Tanzanian was brought by her brother with the complaint that she was forcing herself on a man who was partially related to them (he had grown up with them as an adopted child). The passion had been sparked off at a brief encounter while she was with a boyfriend. She had dropped him in favour of the relative, whom she then pestered with visits and love-letters. She could not be stopped by his disavowals, discouragement and police intervention.

She was the youngest daughter of two girls and two sons. She was normal at school and worked as a bank clerk. Menstruation was normal. She was never keen on sexual intercourse, for fear of pregnancy.

Her father was originally promiscuous with numerous wives, but later became a fanatical Catholic. He sent his sons to be priests and the patient's sister became a nun. They all left these vocations, and the nun married, against parental threats, a man with numerous concubines and children. Other blood relatives are 'mediums', some are religious fanatics and aberrant personalities.

The patient had no ideas of reference nor hallucinations. She had no other sexual interest in men, but the intensity and incorrigibility of her infatuation never wavered. She remained impervious to psychological exploration and even with chemical abreaction revealed no emotion. Fluphenazine decanoate and fluspirilene gave her remissions, controlling the urge of pursuit, but not affecting the love object.

It is of interest that in certain Tanzanian tribes there are similar cases to this one with primary erotomania. I will report later on twelve I have observed myself. The natives realise that there is something odd about their behaviour and no marriage is formalized until after some ritual ceremonies have been performed.

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CHANGE IN A PSYCHIATRIC WARD

DEAR SIR,

Peter Kennedy *et al* (*Journal*, March 1980, **136**, 205-215) and especially the *Bulletin* (March 1980, 34-37) raises the management of change in a psychiatric ward. His ideas illustrate the insularity of psychiatry in relation to other disciplines, especially the behavioural sciences. He describes some degree of democratization of a ward social organization, but