

The silent twins

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This name has been given by the media to two young women born in the early 1960s who, from the age of 2 or 3, had spoken almost exclusively to each other and to no-one else. This resulted in considerable communication problems at school and a turbulent adolescence; eventually they set fire to some empty buildings and were sent to Broadmoor.

Earlier this year arrangements were completed for them to move to the Caswell Clinic, the new medium secure unit opened in south Wales, and they arrived on 9 March. One of the twins who had, for a day or so, been suffering from a mild 'flu-like illness, collapsed on arrival, dying a few hours later in the local general hospital. Post mortem examination revealed a massive, acute myocarditis.

The twins have always aroused considerable public interest. They were the subject of a television programme and a book by Marjory Wallace, chief executive of SANE (Schizophrenia a National Emergency), which has recently been updated. Margory Wallace has also written some articles about the twins in the newspapers, giving a fascinating insight into Broadmoor life from the patient's point of view (*The Daily Telegraph Weekend*, 24.4.1993).

According to Margory Wallace, the deceased twin predicted her own death and both twins felt that while they were extremely dependent upon each other they could only live "full lives" apart. The inquest was crowded with many representatives of the press. Two lawyers were present, one representing the family and the other Broadmoor hospital.

The twins have never been diagnosed as suffering from schizophrenia; their formal diagnosis appears to have originally been "personality disorder" or "psychopathic disorder" within the meaning of the Mental Health Act but they were later reclassified by a Mental Health Review Tribunal as suffering from mental illness. Evidence was given by the twin's Broadmoor consultant about their admission in 1982 following the offences in late 1981, confirming their disturbed childhood and adolescence and that they had been admitted under the legal category of "psychopathic disorder". It was, however, made clear this had always been regarded as meaning "personality disorder" rather than "sociopathy".

Their treatment regime in Broadmoor had included neuroleptic medication but other factors

such as the therapeutic regime and the fact that they could be separated from each other and encouraged to lead independent lives possibly also contributed to the improvement in their mental state which permitted their transfer. The surviving twin remains a patient in the Caswell Clinic.

They were started on antipsychotic medication in 1983 and gradually separated until their behaviour had improved to a level where in the late 1980s arrangements were started which culminated in 1993 in their transfer to the Caswell Clinic.

They had been examined by several doctors during the week before they left Broadmoor. The deceased twin had had headaches and vomiting the day before, which were felt to be due to a mixture of a viral infection and excitement. It was noted that this twin had expressed considerable fear that she might be left behind in Broadmoor while her sister was transferred back to Wales. In the night she was sick and had diarrhoea. She was given Gaviscon and Avomine. There was no worsening of her condition so it was felt safe to transfer her. An ECG taken with an EEG in the preceding week had been normal.

Evidence was given by the two nurses from Broadmoor who had accompanied her to Wales and by the surviving sister. They agreed she had walked to the minibus and that she had been sleepy for the latter part of the journey but there was some disagreement as to how long this drowsiness had lasted. It was also suggested by the sister that her speech had been slurred. She had to be helped off the minibus at the Caswell Clinic and was shown straight to a bed.

The admitting registrar at the Caswell Clinic had seen her, accompanied by two nurses, immediately on her admission. She was then drowsy but able to obey some commands. There was no neurological abnormality in the limbs and it was decided that further investigations including blood tests were required. She improved a little in the early afternoon but deteriorated again towards the later afternoon, by which time the blood tests had been reported as showing a considerable haemolytic anaemia. The decision was then made to transfer her urgently to the neighbouring district general hospital where it was noticed she was becoming dyspnoeic. This history was confirmed by the consultant in charge at the Caswell Clinic who had seen her towards the end of the afternoon and expedited her transfer.

Finally evidence was given by a senior lecturer in forensic pathology who described finding at post mortem examination haemolytic anaemia and massive acute inflammatory necrosis [myocarditis] of all the heart muscle such that survival would have been most unlikely with any conceivable treatment. It was confirmed the process had only been going on for a few hours. She said this was most usually seen as a result of a viral infection in young adult men who collapsed and died while undertaking strenuous physical exercise. The presence of a mixed inflammatory infiltrate, rather than a predominately lymphocytic one typical of a viral aetiology, suggested an idiopathic myocarditis but this would still be a natural death. She felt a drug reaction was unlikely but felt unable to rule this out completely.

Summing up, the Coroner made it clear that the possible verdicts included "misadventure" if she had died as a result of an abnormal reaction to her drugs,

and "natural causes" if she had died of a virus. It was also pointed out that if the jury felt anyone had been negligent they could say so by adding a rider.

The jury returned a verdict of "natural causes" with no rider.

To psychiatrists, the most significant question must be whether the injections of Depixol, which she had been having since 1983, within BNF dosage limits, could have caused the haemolytic anaemia or a toxic myocarditis. Neither of these reactions have been reported with Depixol but they have been, rarely, for phenothiazines taken as a group. Depixol is, of course, a thiozanthine but closely related to the phenothiazines. Indeed, textbooks on cardiac pathology quote phenothiazines as a possible cause of toxic necrosis of the heart. This does not usually occur in this massive fashion and all at once in someone who has been taking the drug for eight years. This must make a viral or idiopathic aetiology appear more probable.

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Briefing

Rational emotive behaviour therapy restated*

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During the 1970s the names Fritz Perls, Carl Rogers and Albert Ellis were all prominent, as were their schools of Gestalt, client centred and rational emotive therapies. Of these three celebrities only Albert Ellis continues to teach and extol the superiority of his particular therapy. This is not just because he has outlived his contemporaries but also because, as he rightly states on his recent European tour, rational emotive therapy is a legitimate challenge and competitor to the present schools of cognitive therapies of Beck, Gelder and others. To emphasise this point, Ellis commences his day-long one-man workshop by announcing that rational emotive therapy has been renamed rational emotive behaviour therapy (REBT).

Ellis is a forceful character, a polished presenter, and holds the attention of his audience by means of humour, anecdotes, a wide knowledge of medicine and philosophy and also by his unashamed, almost dogmatic assertions that REBT be really therapy for neurotic disorders. Furthermore, psychoanalysis

(as he discovered for himself) may be pleasurable for patient and therapist but "is ineffective and expensive serving only to perpetuate illness by delving into every irrelevancy but missing the central point which is that human beings are born cognitive, emotive and behavioural". RET stresses that it is not events, things or others that upset people, it is their learnt interpretation or beliefs concerning these events and they are therefore upsetting themselves. External activating circumstances lead to an unpleasant emotional consequence which is due to learnt unconscious misinterpretations of the initial event itself. At this point we were reminded of Hamlet's favourite utterance "nothing is either good or bad, 'tis only thinking which makes it so".

Ellis takes time to emphasise that these self-defeating beliefs are what require attention as they all assume an inner element of Must, Oughts or Shoulds. These three self-defeating beliefs which are initially learnt from parents and culture (and therefore held to some extent by all mankind) fall into one of three categories which are listed as:

*A report on the Sheffield University Rational Emotive Therapy Workshop – 2 June 1993.