

physicians' discomfort at being presented with conclusions rather than the more usual critical appraisal, and what would this imply for the 'reformed' National Health Service. The new emphasis on local management will bring doctors into much closer contact with the sort of skills seen in business, based often it seems on charisma, people-management ability and ideology, rather than the familiar (safer?) 'medical model' of a broad-balanced review and hypothesis testing. Could be a bit of a culture shock for all of us!

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Multiple Personality Disorder

SIR: Coons (*Journal*, March 1990, **156**, 449) and Ross (*Journal*, March 1990, **156**, 450) criticise Simpson's assertion that multiple personality disorder (MPD) is an "iatrogenic, largely culture-bound condition" (*Journal*, October 1989, **156**, 565). Professor Simpson may overstate the case for the iatrogenic component, but more striking is the readiness of Drs Coons and Ross, both prominent writers in the field, to dismiss this consideration out of hand. Dr Coons suggests that MPD occurs in all countries, but his evidence is anecdotal and is at odds with the experiences of clinicians in the UK. It is my view that the type of patient reported in the American literature is extremely rare in this country.

However, I would accept that short-lived dissociative reactions occur when patients insist for a limited period that they have assumed the identity of another personality. Indeed, it would be odd if such a presentation was not one of the almost infinite variety of dissociative reactions. The evidence in support of this assertion comes from my own clinical experience (Fahy *et al.*, 1989) and from the recent paper by Adityanjee *et al.* (1989) from India who report three patients with short-lived dissociation of personality. In the Indian cases, as well as our own, the symptoms were seen as stress related, and they resolved without attempting to interview the alternates at length.

It is my contention that these relatively benign reactions may not be uncommon, and are most likely commoner in patients with other neurotic or post-traumatic syndromes. However, to attain the complexity of psychopathology seen in American cases of MPD, some element of reinforcement from therapists, relatives or the media is necessary. MPD researchers have largely ignored this factor in their investigations. Instead, Dr Ross suggests that vari-

ations in diagnostic rates between countries may be a reflection of the differing rates of childhood trauma, a theory which is unlikely to be relevant in differences between the UK and USA and which is supported by no evidence whatsoever.

Finally Dr Coons falls back on the tautological argument that the comments of sceptical observers of the MPD scene are rendered invalid because they are not seeing large numbers of real cases. The problem with this argument is simply that sceptics may well be seeing these patients but are coming to different opinions on diagnosis. If the diagnosis of MPD is to gain widespread credibility, then it is up to workers like Drs Ross and Coons to provide evidence of conceptual validity through *controlled* trials studying aetiology and treatment of this enigmatic condition.

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ECT for pseudodementia

SIR: I read with interest the good review article by Benbow (*Journal*, August 1989, **155**, 147–152). Although Dr Benbow talked about the use of electroconvulsive therapy (ECT) in treating the patients who are demented as well as depressed, I was surprised that she did not mention the good response of ECT in 'depressive pseudodementia'.

The term 'pseudodementia' is a controversial one, but it is a fact that in some patients 'functional' depressive disorder may show intellectual impairments and memory difficulties resembling those of organic disorder. Pseudodementia is frequently encountered in elderly patients with the more severe kinds of affective illness (Post, 1982). Post reported that 10% of elderly depressed patients present with pseudodementia. The increased severity of depression could explain the good response of these patients to ECT.

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