Some studies of in-patient suicide have commented on staff factors which may influence the risk of patient suicide – from a case-note review it is particularly apparent that in some cases there are claims for negligence against the hospital or medical/nursing staff. Although the impact on staff is not usually so extreme or direct, the way in which staff respond and deal with the aftermath of a suicide at ward level is a relatively unexplored area. A prospective descriptive study of how different teams and wards deal with suicide would be of value. Going on from this is the question of how one suicide influences the other patients and whether it makes further suicides more likely.

ROBERT KEHOE

Young People's Unit
Royal Edinburgh Hospital
Edinburgh EH10 5UF

Reference

POKORNY, A. D. (1983) Prediction of suicide in psychiatric patients. *Archives of General Psychiatry*, **40**, 249–257.

Homo-erotomania

SIR: Two cases of homo-erotomania were recently reported by Dunlop (*Journal*, December 1988, **153**, 830–833), although several have already appeared. Fretet (1937) discussed an alcoholic male and Peterson & Davis (1985) a schizophrenic man with this variant. Lovett Doust & Christie (1978) make it clear that two of the eight cases in their series had homoerotic delusions: patient 2, with a cortisone-precipitated (affective) psychosis and increased alpha activity over the right hemisphere, believed an older married woman was in love with her; patient 6, whose imagined "calls" from a former male lover were triggered by alcohol ingestion, also had a son who believed he was being sexually pursued by another man. A schizoaffective woman had a possible prior homo-erotomanic episode (Signer & Isbister, 1987), and there are reports of two bipolar women, one (with left temporal lobal epilepsy) (Signer & Cummings, 1987) who had exclusive homo-erotomania, and another who had one prominent homo-erotic episode mixed in among several hetero-erotomanic ones (Bastie, 1975). Fretet (1937) mentioned a female homo-erotomania in passing.

A vast majority of cases show the features of an 'exalted' or excited state that serves as the marker for severe mood disorder, usually mania or psychotic depression. Almost all patients with erotomania become involved with the legal system because of their relentless pursuit of the object of their delusion, a classic feature of the 'psychoses passionnelles'; meeting or confrontation does not ameliorate the condition because of the cognitive distortions of psychosis.

STEPHEN F. SIGNER

Royal Ottawa Hospital
1145 Carling
Ottawa
Ontario
Canada K1Z 7K4

References

BASTIE, Y. (1973) Paranoia passionnelle. *Annales Medico-Psychologiques*, **131**, 639–649.

FRETET, J. (1937) Erotomanie homosexuelle masculine. *Annales Medico-Psychologiques*, **95**, 328–331.

LOVETT DOUST, J. W. & CHRISTIE, H (1978) The pathology of love: some clinical variants of de Clérambault's syndrome. *Social Science & Medicine*, **12**, 99–106.

PETERSON, G. A. & DAVIS, D. L. (1985) A case of homosexual erotomania. *Journal of Clinical Psychiatry*, **46**, 448–449.

SIGNER, S. F. & CUMMINGS, J. L. (1987) De Clérambault's syndrome in organic affective disorder: two cases. *British Journal of Psychiatry*, **151**, 404–407.

SIGNER, S. F. & ISBISTER, S. R. (1987) Capgras syndrome, de Clérambault's syndrome, and folie a deux. *British Journal of Psychiatry*, **151**, 402–407.

Violence in sleep: a further diagnostic consideration

SIR: Scott (*Journal*, November 1988, **153**, 692) has failed to mention a recently described sleep disorder which should be included in the differential diagnosis of sleepwalking and night terrors. This is a rapid eye movement sleep behaviour disorder (REM behaviour disorder) as described by Schenck *et al* (1986). This parasomnia is characterised by loss of the normal atonia accompanying the REM sleep stage, with the emergence of violent behaviours such as punching, kicking, and leaping from bed. Dreams are often portrayed as having been extremely vivid. The authors describe one patient who attempted to strangle his wife while dreaming of fending off a mauling bear.

Schenck *et al* (1988) characterised a group of 33 such patients with a mean age at presentation of 65.7 years, mean age of onset 55.5 years, 94% male, 24% with psychopathology, and 30% with neurological disorders (various CNS vascular and degenerative disorders). The polysomnogram was diagnostic in 100% of the cases, with loss of REM atonia and emergence of significant behaviour during REM sleep. Significant improvement was seen in 90.6% of these cases with the use of clonazepam (0.25–2.0 mg at bedtime).

This human sleep disorder is similar to behaviour which can be experimentally induced in cats by making a lesion in the locus coeruleus area of the pons (Jouvet & Delorme, 1965). Cats then demonstrate "REM without atonia" and are seen to manifest various stalking and pouncing behaviours during electroencephalographically recorded REM sleep.

The case described by Scott is obviously complex, with many diagnostic possibilities aside from the REM behaviour disorder. Once these are identified, the polysomnographic study of sleep is extremely useful in reaching the correct diagnosis.

RACHEL L. MOREHOUSE

Department of Psychiatry
Victoria General Hospital
Halifax, Nova Scotia
Canada B3H 2Y9

References

JOUVET, M. & DELORME, F. (1965) Locus coeruleus et sommeil paradoxal. *Comptes Rendus des Seances de la Societe de Biologie et de ses Filiales*, **159**, 895–899.

SCHENCK, C. H., BUNDLIE, S. R., ETTINGER, M. G. *et al.* (1986) Chronic behavioral disorder of human REM sleep: a new category of parasomnia. *Sleep*, **9**, 293–308.

—, MILNER, D., HURWITZ, T. *et al.* (1988) Sleep-related injury in 85 adult patients: a polysomnographic study. *Sleep Research*, **17**, 247.

Nosological problems

SIR: Hamilton (*Journal*, February 1989, **154**, 201–206) draws our attention to an important area of nosological deficit. Several recent articles have also highlighted the anxiety-depression overlap, some using cluster analysis to display how poorly both the ICD and DSM classificatory systems apply to the group of symptoms which patients suffer.

Davidson (1988) and Blazer *et al.* (1988) have independently taken the process one step further, using graded membership analysis to differentiate system clusters which form possible sub-categories of anxiety neurosis and depressive illness. Each has suggested five categories – Davidson's projection being slightly more ambitious, as he also suggests that these categories predict treatment response and prognosis to some extent.

A good classificatory system must have general applicability to the clinical population under study, and should display continuity in the form of future symptom expression. Our current situation of re-emphasising these important nosological problems has become rather static, and we must look to the future. The potential sub-categories generated by statistical methods need to be applied in large clinical studies to demonstrate whether they have any role to play in achieving much-needed improvements.

C. G. BALLARD

Walsgrave Hospital
Clifford Bridge Road
Walsgrave
Coventry CV2 2DX

References

BLAZER, D., Swartz, M., Woodbury, M., *et al.* (1988) Depressive symptoms and depressive diagnoses in a community population. *Archives of General Psychiatry*, **45**, 1078–1084.

DAVIDSON, J. (1988) A study of depressive typologies using grade of membership analysis. *Psychological Medicine*, **18**, 179–191.

Chronic patients in acute wards

SIR: Simpson *et al* (*Journal*, January 1989, **154**, 77–82) drew our attention to some of the problems experienced by chronically mentally ill patients on acute District General Hospital wards. We recently surveyed the long-stay general psychiatric population (in-patients for more than 1 year) of Liverpool district (catchment population 400 000). We found that 16% (32 patients) were on admission wards. This proportion is alarming, as the district has been relatively well supplied with long-stay beds until recently.

Limited space, social facilities and occupational facilities are some of the factors which make admission wards unsuitable for the chronic severely mentally ill. However, the implications for the acute psychiatric services must also be considered. The new long-stay population are a major determinant of bed throughput on admission wards (Royal College of Psychiatrists, 1988). Therefore, inadequate provision of services for the chronically ill will have implications for the functioning of the acute services, as well as for the quality of life of this group of patients.

P. M. ABBOTT
I. B. COOKSON
J. BENTLEY
C. SILLINCE

Rainhill Hospital
Prescot
Merseyside

Reference

Royal College of Psychiatrists (1988) *Psychiatric Beds and Resources: Factors Influencing Bed Use and Service Planning. Report of a Working Party of the Social and Community section of the Royal College of Psychiatrists*. London: Gaskell.