at 19, 33, 45 and 50 each man reported how emotional stress affected him physically. The sample was dichotomized into men who had (N = 50) and had not (N = 45) required medical attention for psychsomatic illness.

The study gave only modest support to the hypotheses tested; so that psychophysiological symptoms did not correlate dramatically with emotional dysfunction. The idea of the presence of relatively stable 'target organs', did not find support, and men who developed psychosomatic illness had experienced less illness in his life as a whole, has not sought comfort in psychotherapy, tranquilizers, and alcohol and is able to find comfort in vacations and with friends. He is just as likely to report irritability, nervousness, or inability to concentrate under stress.

Y. A.

Hyperactivity in Anorexia Nervosa, A Fundamental Clinical Feature

by Leo Kron, Jack L. Katz, Gregory Gorzynik and Herbert Weiner, Compr. Psychiatry, 19 : 433-440, 1978

In an attempt to ascertain the prevalence and nature of heightened physical activity in patients with AN before, during and after hospitalization, the authors reviewed the charts of 33 patients who were diagnosed as AN. Twenty-five of the 33 patients were described as hyperactive prior to, or during hospitalization, only one patient showed unremarkable physical activity. Twenty-one of the 25 patients were described as extremely active and well before they had ever dieted or lost weight.

The follow-up of 15 cases revealed that ten patients described themselves as continuing to be highly active physically; three had experienced clearing of all other symptomatology and two died; one by suicide and the second from complications of malnutrition. The hyperactivity during the dieting weight loss phase was described by the patients as more intense, more disorganized, and aimless than during the pre- and post-

weight loss phases. Constant restlessness persisted in almost all patients after weight loss had become substantial. The authors suggested that starvation may impose an abnormal and poorly organized pattern of increased motor behaviour onto a basic hyperactivity that antecedes the acute phase of AN. The hyperactivity of AN appears to be one of the earliest signs to appear and the last to subside.

Y. A.

Thyrotoxicosis and the Course of Manic-Depressive Illness.

by S.A. Checkley, Brit. J. Psychiatry, 133 : 219-223, 1978

The author studied the effect of an episode of thyrotoxicosis on the course of recurrent manic-depressive illness. Between 1950 and 1974, 267 patients at the Maudsley Hospital had had three or more manic-depressive episodes, of these eight had been treated for thyrotoxicosis. An unequivocal diagnosis of thyrotoxicosis and a simultaneous description of the patient's mood was available for five of the eight subjects, and included eight episodes of thyrotoxicosis.

In one instance, clinical depression appeared after partial thyroidectomy, the second case was admitted having an admixture of a mixed affective state and thyrotoxicosis, but an earlier episode of thyrotoxicosis was not related to affective illness. A third case developed thyrotoxicosis after withdrawal of lithium, and another episode one year later after withdrawal of carbimazole. However, the five remaining episodes did not coincide with an episode of affective illness, and the association of thyrotoxicosis with affective illness in the three instances discussed was ambiguous. The author concluded that thyrotoxicosis had little effect on the course of lengthy and severe manic-depressive illness, and inferred that it would have even less effect on affective illness in patients without this type of manic-depressive constitution.

Y. A.

The Munchausen Syndrome as a Psychiatric Condition

by L. Cheng and L. Hummel, Brit. J. Psychiat., 133 : 20-1, 1978

In this presentation of two cases it is suggested that many Munchausan Syndrome patients present with psychiatric symptoms.

Like their medical counterparts it belongs nowhere and has no roots. It is however necessary to differentiate this syndrome from other psychosocial entities like :

1. **Hospital addiction** (Barker, 1962) who prefer hospital to the outside world.
2. **Malingering** which should only be diagnosed in the absence of psychiatric illness and the presence of behaviour appropriately adapted to a clear cut long term goal.
3. **Hysteria.** Conversion symptoms persist even if the patient decides to leave hospital.
4. **Drug addiction.** The apparent wish for drugs in Munchausen patients is considered to be 2 years to the stay in hospital, usually they do not show withdrawal symptoms.
5. **Multiple Surgery.** Only the psychopathic type in whom behaviour disorders are the prominent feature.
6. **Acute psycho-social crisis.** This group are differentiated from patients with Munchausen syndrome who have adopted hospitalization as a way of life.

F. L.

Suicide in Prison

by D.O. Topp, Brit. J. Psychiat., 134 : 24-27, 1979

This is a study of records of 186 suicides among male prisoners in England between 1958 and 1971.

The findings of this study show that the suicides were seldom strangers either to crime or to institutional life. The prospect of having to serve a number of years in custody was a strong motive for suicide in some cases, especially during the early weeks in prison. The suicide act may have been part of a general display of attention-seeking behaviour, or less commonly a calculated mode of escape from the pain of life to come. Altruistic motives concerned with shame about the offences did not seem to be very significant.

Most of the suicides were between 25 and 34 years old the records show that sentence of more them 18 month's duration, whether anticipated or actually received, is associated with a greater risk of suicide than shorter sentence. The suicide rate may well be three times greater than that of the population at large.

F. L.

The Pattern of Mortality in Severe Neurosis

by Andrew Sims and Patricia Prior, Brit. J. Psychiat., 133 : 299-305, 1978

A follow up study for 1.482 patients from three psychiatric units in different hospitals in Birmingham, diagnosed as suffering from severe Neurosis. A mean of 10.9 years follow up to detect the pattern of mortality. 139 patients were found to have died, highly significant increased mortality for both sexes, and for all causes of death.

In comparison with the general population, the relative risk is 1.7, the most important cause of this increase is accidental death (relative risk-5.4) and in particular suicide (relative risk-6.1), which is most likely to occur within the first year and gradually decrease over the years.

The study showed a major excess of death from nervous, circulatory and respiratory diseases (combined relative risk-1.6).

It is concluded that hospital admission for neurosis is associated with premature mortality, either because the neurotic is more likely to put himself in a potentially lethal situation or because the mental state of neurotics predisposes to the development of a serious illness, or because neurosis renders the prognosis less favourable on those afflicted with an illness.

F. L.

Offsprings of Patients with Affective Disorders

by Donald H. Mcknew J.r. Leon Cytron, Alina M. Eron, Elliots Gershon and William E. Bunny Jr., 134 : 148-52, 1979

This paper is mainly concerned to study the occurrence of depressive symptoms in the children of patients with unipolar and bipolar depressive illness in order to determine whether they represent a group at risk for psychiatric disorders.

All the children (age 5-15) of 14 consecutive patients admitted to hospital at the National Institute of Mental Health (Bethesda, Maryland, USA) with a diagnosis of bipolar or unipolar affective disorder were studied. The children were seen twice, four months apart, and assessed by interview and rating scales. The parents of 14 boys, were also assessed five were depressed in both interviews and three were depressed on one interview. Four of the 16 girls were depressed on both interviews and 11 were depressed in one interview. The clinical picture and the ratings showed the boys but not the girls, to have a significant correlation for depression on both interviews. The children diagnosed as suffering from depression showed the symptoms of a primary unipolar affective disorder without other significant pathology. The study also revealed no significant sex difference in the frequency of depressive disorder. It showed transient depressive disorders in the children attributed a reaction to the parent's illness but did not rule out a genetic diathesis. There was a striking absence of hypomanic features despite the fact that 13 of the 15 adult probands suffered from bipolar illness. Non of the children could be considered as psychotic.

F. L.

Delusional Loving

by Mary V. Seeman, Arch. Gen. Psychiatry, 35 : 1265-1267, 1978

Eight female patients with erotomania were observed by the writer for a period ranging between 3 and 8 years. Two main varieties of erotomania are described; the fixed delusion variety elaborated around a

person who does not exist, and erotomania proper in which a recurrent tendency exists to believe in being loved by a prominent man. The two groups were compared and it was found that those belonging to the first variety were more psychiatrically ill (schizophrenics), were single and with little heterosexual experience, and their condition always started by misinterpretation of a stranger's casual attitude. The delusion in these cases, according to the writer, represents a defence against low self-esteem, sexuality, and the aggression of others. For those belonging to the second variety, psychiatric morbidity was less heterosexual experience more common and successful, and their condition usually started after prolonged, but uninvolved contact with the object of fantasy. In these latter cases the delusion is viewed as a defence against homosexual or competitive feelings or as attempts to incorporate power and success into their own self-images.

Y. A.

Patient-Therapist Matching: A Research Evaluation

by John G. Gunderson, Amer. J. Psychiatry, 135 : 1193-119, 1978

This study attempts to test the hypothesis that certain therapist qualities should match corresponding patient qualities in order that psychotherapy may succeed. 10 hypothesized matched variables were tested in inpatients (85% schizophrenics) undergoing psychotherapy e.g. anxiety (patient quality) — composure (therapist quality), and hopelessness (prognostic) — optimism. Ratings on the therapists' dimensions were done by two experienced clinicians familiar with the therapists involved. Patient ratings were made retrospectively by the respective therapist. Therapists were also asked to evaluate the clinical outcome and the quality of the therapeutic relationship. The dimension that emerged as the best predictor of successful therapy was the therapist's composure in the presence of patient's anxiety. The optimism category proved predictive in the opposite direction. The results suggested that the capacity

to be comfortable with, knowledgeable, and interested in the intense affect of schizophrenic patients may be the most significant dimension of an effective therapist. The author advises further research together with cautious interpretation of the results in the light of the specificity of the sample and questionable validity of the judgments of outcome by the therapists.

Y. A.

Drug and Family Therapy in the Aftercare of Acute Schizophrenics

by Michael J. Goldstein, Eliot H. Rodnick, Jerome R. Evans, Phillip R. A. May and Mark R. Steinberg, Arch. Gen. Psychiatry., 35 : 1169-1177, 1978

104 young, first admission schizophrenics were compared to test the effect of the combination between drug and family therapy in preventing relapse. Patients were subdivided into four groups (high dose-no therapy, low dose-no therapy, low dose-therapy, and high dose-therapy). The Brief Psychiatric Rating Scale was used for rating on admission, on discharge, after six weeks of controlled trial treatment and at the end of six months follow-up. Factor analysis studies with analysis of variance and co-variance were made. 96 patients participated in the after-care program, and 86 completed the six week period without relapse. Patients who have undergone family therapy relapsed less, but the combination with a high dose of drug therapy (fluphenazine) gave better results at the end of six months. The results indicate that the combination of an adequate dose of long-acting fluphenazine and crisis-oriented family therapy is of value in reducing relapse during the period of delivery and over the subsequent five months.

Y. A.

Response to Lithium Carbonate

by N. Rama Krishna, Michael A. Taylor and Richard Abrams, Biol. Psychiat., 13 : 601-606, 1978

The authors tried to investigate the factors that might be responsible for the differential response to lithium carbonate in the acute stages of mania. Patients were selected according to criteria that satisfied the diagnosis of mania or bipolar depression, and were subdivided according to treatment response into two groups; group 1 comprised those who improved on lithium alone, and group 2 comprised those who required additional treatment or those where lithium had to be discontinued. Data, supposed to be of prognostic value, were drawn from the patients' records among which were the demographic characteristics, phenomenology of the index admission, age of onset and psychiatric illness in first degree relatives. Compared with group 1, group 2 patients were younger at onset of first illness, more severely ill on admission, they stayed more than twice as long in hospital, and they had more than twice the morbidity risk for affective disorder in first-degree relatives. In short, group 2 patients had a more intense or penetrant illness. The authors contend that therapeutic optimism and tenacity are justified in prescribing lithium for acutely ill patients.

Y. A.

Trials of Lithium, Chlorpromazine and Amitriptyline in Schizo-Affective Patients

by I. F. Brochington, R. E. Kendell, J.M. Kellet, S.H. Curry and S. Wainright, Brit. J. Psychiat., 133 : 162-168, 1978

The authors compare the effects of chlorpromazine and amitriptyline in 'schizodepressive' psychoses, and of chlorpromazine and lithium in 'schizomanic' psychoses. 41 schizodepressives were treated in three groups with capsules containing 25 mg of amitriptyline or 75 mg chlor-

promazine or both. Medication was prescribed double-blind for a month and doses averaged 6 to 10 capsules daily for most patients. 19 schizomanics were treated similarly with capsules containing 100 mg chlorpromazine or 250 mg lithium carbonate, the maximum given was 10 capsules daily. Patients were assessed using the present state examination (PSE) and the Brief Psychiatric Rating Scale (BPRS).

Of the 41 schizodepressives, 5 were excluded, 13 were treated with amitriptyline, 11 with chlorpromazine, and 2 with both drugs. One patient treated with amitriptyline, four with chlorpromazine, and 2 with both drugs recovered. Five schizomanics were excluded, six were treated with lithium, and eight with chlorpromazine, three of the last group were withdrawn from the study. Two patients on lithium recovered fully, one patient lost all manic symptoms, and the other all schizophrenic symptoms. Results were similar with chlorpromazine, but its main effect was on schizophrenic symptoms. The authors conclude that responses in general were poor, and that lithium seemed as effective as chlorpromazine in schizomanic patients. The view of schizomania as a variation of mania was supported.

R. M.

Bitaleral and Unitateral ECT: Effects on Verbal and Nonverbal Memory

by Larry R. Squire and Pamela C. Slater, Amer. J. Psychiatry, 135 : 1316-1323, 1978

The memory loss associated with bilaterial and non dominant unilateral ECT was assessed with verbal memory tests known to be sensitive to left temporal lobe dysfunction and with nonverbal memory tests known to be sensitive to right temporal lobe dysfunction. 72 patients were subdivided into 3 groups : two test groups and a control group. The test groups were tested before and after ECT treatment while the control

group was tested only before. Members of each test group were given a memory test for both verbal and nonverbal components. Also, each group contained patients treated with unilaterial ECT and patients treated with bilaterial ECT. Bilateral ECT markedly impaired delayed retention of verbal and nonverbal material. Right unilaterial ECT impaired delayed retention of nonverbal material without measurably affecting retention of verbal material. Nonverbal memory was affected less by right unilateral ECT than by bilateral ECT. These findings taken together, and considering that right unilateral ECT is as affective as bilateral ECT if the occurrence of a grand mal seizure is ensured in the former case, make what appears to be a conclusive case for unilateral over bilateral ECT.

Y. A.