

as suffering from schizophreniform disorder (DSM-III), but antidepressant treatment dramatically improved the clinical picture (where haloperidol did not) supporting a diagnosis of major depressive disorder, in spite of its atypical symptomatology.

Patients with fear of AIDS should be carefully evaluated because of the relationship with depressive disorders as indicated in this case. Pharmacotherapy appears to be of paramount importance for diagnostic discrimination in psychiatry, as in other branches of medicine.

CARLO A. ALTAMURA  
MASSIMO C. MAURI  
MARIA T. COPPOLA  
CARLO L. CAZZULLO

*University Department of Psychiatry  
Policlinico  
Guardia 2 Via F. Sforza 35  
20122 Milan, Italy*

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#### Mianserin and Mania

SIR: We would like to report the changes we observed in a woman suffering from Huntington's chorea after she was treated with mianserin.

*Case Report:* Mrs M. A., aged 53, has been suffering from Huntington's chorea for eight years. She has mild to moderate choreiform movements of the upper limbs, face, and neck and she has been known to suffer from moderate to severe depression with a history of three previous suicide attempts with overdoses. There has been no clinical or psychological evidence of cognitive impairment. She has been on a long-stay psychiatric ward for three years and her depression has been treated with tricyclic antidepressants in the past. At the time of starting mianserin she was on no other medication. Over the preceding two months her appetite had been poor, and she had lost approximately 4 kg in weight. She also had polydipsia, but no evidence of glycosuria. She was clearly suffering from depression and was making reference to hopelessness and suicide. Mianserin was given at a dosage of 20 mg b.d. Mianserin was chosen because of its appetite stimulant and antidepressant properties and for being free from anticholinergic side-effects.

Seven days later her appetite had improved and the polydipsia had disappeared. The choreiform movements were noted to have increased. After ten days treatment the movements had become severe and incapacitating, making her restless, overactive, and exhausted to the point that she was

unable to stand up. She was also found to be having bouts of uncontrollable laughter for no understandable reason.

Mianserin was stopped, with a noticeable reduction in overactivity 12 hours later; the choreiform movements began to decrease 24 hours after mianserin was stopped. Two weeks following initiation of treatment, the motor activity and choreic movement have continued to improve although these have not returned to the pre-treatment state. The appetite has remained good and there has been no recurrence of polydipsia. She has remained free from depression and she has not further expressed suicidal thoughts. It is of interest to note that her behaviour improved and that her choreiform movements decreased with the discontinuation of mianserin and without further need to treat her with sedatives or neuroleptic medication. We would point out that the patient had never manifested excitable behaviour before during her in-patient treatment over the last three years and there had never been any such reactions to tricyclic antidepressants or other medications.

Coppen *et al* (1977) reported 6 out of 13 patients with bipolar affective illness, treated with mianserin, to have become manic. In this study the patients had previously been treated with lithium carbonate before the changeover to mianserin. The paper does not state clearly whether the patients were suffering from any affective illness at the time when they were started on mianserin. Three of the 13 patients had left the trial at their own request because of drowsiness, and only four patients completed the full three months. It is not stated in the paper how long the manic symptoms persisted and whether mania needed further treatment. Mianserin was given at a dose of 20 mg t.i.d. in this trial, and the trial appears to be designed to investigate the possible prophylactic properties of mianserin in bipolar affective disorder. Our experience with Mrs M.A. is very different to the patients described by Coppen *et al* (1977). It illustrates the possible stimulating properties of mianserin in a patient who had never manifested manic illness in the past and who appeared to have been depressed because of the physical and mental disabilities of Huntington's chorea. It is of interest to note that her depressive symptoms were replaced by overactivity, restlessness, and laughter, while there was a considerable increase of choreic movements. Discontinuation of mianserin was followed by reduction of motor activity and choreic movement. We wonder if mianserin can be particularly effective in treatment of depression associated with organic brain disease, provided that its haemopoietic side-effect is adequately monitored?

JOHN LAURENCE STURDY  
SASI BHUSAN MAHAPATRA

*Psychiatric Unit  
St James's University Hospital  
Beckett Street, Leeds LS9 7TP*

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COPPEN, A., GHOSE, K., RAO, V. A. R. & PEET, M. (1987) Mianserin in the prophylactic treatment of bipolar affective illness. *International Pharmacopsychiatry*, 12, 95-99.

**Is Castration Too "Barbarous" for Rapists?**

SIR: Medico-legal opinion in Britain in general shrinks from following the Danish approach to the treatment of persistent sexual offenders. Castration, although voluntarily accepted by many inmates in Herstedvester as the price of release from indefinite detention, tends in this country to be viewed as unacceptably drastic, mutilating, and primitively punitive.

However, as a hospice doctor for the past 3 years, I have been repeatedly reminded that surgeons here are perfectly prepared to recommend and carry out orchidectomy as a palliative procedure for advanced carcinoma of the prostate, so why should it be inconceivable as a treatment for what is tantamount to psychosexual malignancy?

Sentimentalists might need to be reassured that the object of the exercise is not punishment, but surgically operant hormone therapy; to which there is no dependable alternative.

Any suggested 'deterrent effect' on still-at-large repeated or recidivist rapists would of course be more imagined than real, unless castration were to be ruthlessly proposed as an automatic penalty for incorrigible convicted offenders; but surely orchidectomy, as a voluntary sacrifice to enable otherwise uncontrollably oversexed male detainees to return to outside life and hopefully worthwhile work, would be far more appropriate and humane than keeping able-bodied men locked away for years until senescence is judged to have made them harmless?

MICHAEL SALZMANN

Farnham  
Surrey GU10 4TJ

**CORRIGENDUM**

*Journal*, May 1988, 152, 730. Review of *An Outline of Psychotherapy for Medical Students and Practitioners*. In line 3, 'David Walker' should read 'David Alexander'

**A HUNDRED YEARS AGO****Mental Automatism**

Our remarks in *The Lancet* of last week on "Theatrical Tears", in which we endeavoured to show that in order to stir the higher emotions in his audience the actor must himself "feel" the emotion he is seeking to portray, receive a quasi-contradiction in a statement which has been made with regard to that veteran of the stage, the late Mr Chippendale. It is recorded that in his eightieth year he played the part of Hardcastle in "She Stoops to Conquer" at Edinburgh, and that, notwithstanding that he performed in his best manner, a speech which he made subsequently showed that he was not even conscious of where he was playing. It need not be said that Mr Chippendale had played this part hundreds of times, and that the repetition could have been little more than an automatic act. We all know the tale of the soldier who at the sound of the word "attention" halted in the erect position, and, bringing his hand to his side, dropped the dinner he was carrying in his hand. This is automatism of a simple kind,

and, in point of fact, the response to "cues" by a highly trained veteran of the stage is scarcely more complicated, and we doubt not that many an old actor would repeat his part with accuracy and effect long after the power of mental origination had ceased. We have known an instance of an octogenarian playing whist with very fair skill and accuracy long after all memory for current events had absolutely ceased. Mr Chippendale at the age of eighty played *old* Hardcastle in his best manner. It must be admitted, however, that Hardcastle's emotions, amusing as they are, are all commonplace. We have very little belief that the higher emotions, as depicted in the great tragic characters, can be adequately displayed upon the stage unless the actor can keep his imagination more or less upon the stretch during the whole performance.

**Reference**

*The Lancet*, 14 January 1888.