POLARIZATION THERAPY IN DEPRESSIVE ILLNESSES

DEAR SIR,

The papers by Redfearn, Lippold and Costain (*Brit. J. Psychiat.*, November 1964, pp. 768–799) were read with interest.

The authors do not, however, define "pathological depression". From the case histories (pp. 774 ff.) it would seem to have various meanings; from the affective changes of melancholia to unhappiness associated with life's difficulties. The validity of the controlled trial (pp. 786 ff.) must be in doubt if "pathological depression" does not mean the same in each case.

There are also weaknesses in the psychiatric rating scale used in the controlled trial. The scores of the individual symptoms do not appear to measure or enumerate anything. These figures are not numbers in a mathematical sense, but ideograms. "Very severe depression" is given the score of 4, but this is a "shorthand" way of writing "very severe depression", and is not to be "added" or otherwise manipulated.

This error can be illustrated by considering the scale used to describe the Lange Colloidal Gold Reaction. On that scale the colours of various reactions are described by figures instead of words. Pathologists do not assume these figures are numbers to be added one to the other.

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THE EXPERIENCE OF ELECTRO-CONVULSIVE THERAPY

DEAR SIR,

I am very much interested in the note on "The Experience of Electro-convulsive Therapy" by "A Practising Psychiatrist" (*Brit. J. Psychiat.*, April, 1965) and would like to get a copy of the note, and would it be possible also to inform the author that the loss of memory phenomena which he describes so elegantly have been reported in a book edited by T. G. Andrews called *Methods of Psychology*, John Wiley and Sons, 1948, chapter XX, pages 595-623, under the title of "Objective studies of disordered persons". In there, I describe an experimental approach to demonstrating the *jamais vu* phenomena which the author reports.

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EDITORIAL NOTE

The article on "The Experience of Electro-convulsive Therapy" by "A Practising Psychiatrist" has created a great deal of interest and there have been a number of requests for reprints. We will do our best to fulfil this demand.

WITCHCRAFT, PSYCHOPATHOLOGY AND HALLUCINATIONS

DEAR SIR,

Dr. Barnett's thesis (*Brit. J. Psychiat.*, May, 1965, pp. 439-45) that many of the delusional beliefs associated with the Witch cult can be explained in psychopharmacological terms is interesting and intriguing.

Drugs in the form of magic ointments were used by witches on themselves for transformation, and more particularly for transvection, i.e. to induce the sensation of flight, and it is of interest that as early as the 17th century, Francis Bacon in his *Sylva Sylvarum* noted that "soporiferous medicines are likest" to drug witches into delusions of flying (Robbins, 1959). This shows that although the witch might be suffering from delusional thinking, some scientific thought of the day was prepared to regard these phenomena as illusionary, the result of drugs absorbed through the skin.

Rose (1962) discusses traditional flying ointments and notes that Weyer, the sceptical physician of the Duke of Cleves, collected the prescriptions for several of these which contained as their active principles aconite (aconitine) and belladonna (atropine) in an oil base, together with other substances in themselves pharmacologically inert but of symbolic power, e.g. bat's blood or soot.

Rose points out that the active principles, if absorbed quickly, would result in acute intoxication with loss of the faculties. However, the effect of the ointment would be reduced because the rate of absorption would be determined by the amount applied and the natural dampness of the skin. The effect might be further reduced if belladonna and aconite were both present, because of their antagon-

istic action. When smaller quantities of the solanaceous compounds were absorbed, the subject would experience a numbed floating sensation, distortion of the perception of time and space, and depersonalization, together with a racing of the heart (such as is sometimes complained of by susceptible patients who have been medicated with atropine prior to E.C.T.) and these effects in a psychologically primed subject might well be considered the substance of unnatural flight.

The stimulant effect of drugs taken either as a potion or in a skin application could also explain the untiring dancing said to be part of ritual, and the ability to withstand the cold night air when nakedness was part of the disinhibited state.

Finally, Dr. Barnett adduces drugs as a possible basis for the firm belief of the subjects in the magical powers attributed to them. While this may well be true, such beliefs were often only declared publicly, to find their way into the official records, during the extensive judicial prosecution of witch trials. On these occasions, in terms of modern "brain washing", use was made not only of physical debilitation over long periods but also of the mass compulsive effect of the heightened emotion surrounding these trials, which produced the psychological need to atone for induced guilt.

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MOTT ON MOOD

DEAR SIR,

Finding an unexpected similarity between some of my own papers (1–4) and a number of Sir Frederick Walker Mott's pathophysiological contributions to psychology, may I draw renewed attention in particular to his lectures on Emotion. (5). These still make stimulating reading even after 57 years, and are patently relevant to much of today's Mental Health discussion. For example, Mott's classification of the displeasure (or malaise) which accompanies certain moods as being a protective mechanism like pain, prompting escape from and subsequent avoidance of its causes, highlights problems of sanitary relevance to patterns of social organization as well as individual management.

When, for instance, may it be considered beneficial and correct to inflict pain, e.g. in a good spanking, or displeasure, say, by just reproof, and in what circumstances and by whom on the other hand should pain and emotional displeasure be assuaged? By the same token bowel and bladder disturbance of emotional origin may represent a simple vestige of the preservative mechanism in question, i.e. that part which directed the organism's attention caudally in the regressive emotions (anxiety and agitation) toward the possibility of flight, and as such they may not necessarily always require treatment.

Mott also refers to mood change which is recognized by the patient to have no adequate "psychological" cause, and argues in favour of an "organic" rather than "unconscious" origin for such morbid affective tone, in vegetative disequilibrium. Seen thus the endogenous element in affective disorder has perhaps characteristics in common with "sham" rage as observed in experimental animals, although to refer to such melancholia, anxiety and elation (mania) as "sham" might lead, initially anyway, to some confusion in terminology and definition with malingering and conversion hysteria.

The pathophysiological concept of 'sham' emotion may nevertheless be of use by focusing attention on to the possible sites of abnormal nervous impulse initiation, conduction or inhibition then theoretically responsible. If such abnormality is "functional" in the sense of being either humoral or metabolic in character, it may in that case be clearly analogous with the disturbance of impulse sequence seen in the cardiac field, i.e. that which underlies auricular flutter or fibrillation and sometimes occurs in the course of thyrotoxicosis. The tonic and blocking effectiveness of psychotropic drugs would then be comparable with digitalization or the effects of quinidine.

Mott even refers to "the emotional echo awakened" in others by an individual's mood change, an infectious quality we sometimes recognize in another's elation as a characteristic to be resisted, although less often voice as a hazard to be guarded against on occasion also in the presence of rage, fear or despondency. Whether "sham" in the pathophysiological sense or otherwise endogenously morbid, however, these moods usually respond well and often enough to specific thymoleptics nowadays, to cut short the infectious element and render it less virulent. Prolonged interpersonal relationships, which are so often required in addition to drugs in endogenous affective disorder to cope with environmental repercussions, then call for less professionally acquired resistance to infection, and become less trying even of lay innate resilience.