

It would be useless to discuss Claridge and Herrington's point on "arousal" since we were not concerned with this concept.

Finally, the problem of evaluating studies which are compelled from lack of publication space to drastically limit data presentation is one with which we sympathize. Needless to say we should be extremely glad to supply Claridge and Herrington with the detailed clinical descriptions and statistical analyses which we were compelled to cut from our first draft of the paper.

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ACEDIA: ITS EVOLUTION FROM DEADLY SIN TO PSYCHIATRIC SYNDROME

DEAR SIR,

In common with many psychiatric authors, Dr. Altschule (*Brit. J. Psychiat.*, February, 1965, pp. 117-119) pays little attention to those for whom the spiritual disorders he discusses are not reducible to psychiatric syndromes. There are still many people for whom the title of the paper might contain the word "devolution" rather than "evolution", because of a debasing and falsification of concepts. It is a trifle too bland to imply that knowledgeable opinion agrees with the assumed improved concepts of modern and psychodynamic psychiatry in these matters. The question of personal responsibility for the mental attitudes discussed is assumed to be answered on some basis of automatism, as in psychiatric syndromes.

Authors dealing with such matters might give more weight to the fact that there is still much alternative theory embracing issues of choice and moral responsibility; theory often closer to the original concepts, towards which a patronizing attitude is too often shown in psychiatric writings.

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Dr. Mark D. Altschule writes:

"I strongly agree with Dr. Flanagan in the main, and especially with his closing paragraph. As regards the rest of his letter, most of it is irrelevant: the paper was an *account* of what has happened and not a *judgment* on what has happened. Dr. Flanagan falls into a serious error in the last sentence of his first paragraph when he assumes, if I read him correctly, that the aetiology of all psychiatric syndromes involves some form of automatism."

E.C.G. ARTEFACTS AND POLARIZATION OF THE BRAIN

DEAR SIR,

In view of the three very interesting articles which you published on direct current polarization of the human brain (November, 1964, pp. 768-799), I thought that an interesting artefact which we came across in a somewhat similar endeavour might be worth while mentioning. Some time ago we became interested in the possible psychic effects of passing low levels of direct current through the human brain and did so in a few subjects. Unfortunately we observed them too briefly and superficially to note the interesting effects reported in the previously-mentioned articles. Amongst other physiological parameters, these patients' electrocardiograms were monitored, and an effect was noted which may be of interest to those considering utilizing this technique. A polarizing current was passed through our subjects via a cranial electrode in the shape of a skull cap and an electrode plate at the base of the spine. When the current was turned on we noted an instantaneous deflection of the SP segment of the E.C.G.; when the current was switched off this effect instantaneously disappeared. When the head was made positive with respect to the caudal electrode the deflection was upward, and when the head was made negative the deflection was downward. Figure 1 shows the

E.C.G. LEAD II M.B. ♂ 48 yrs.

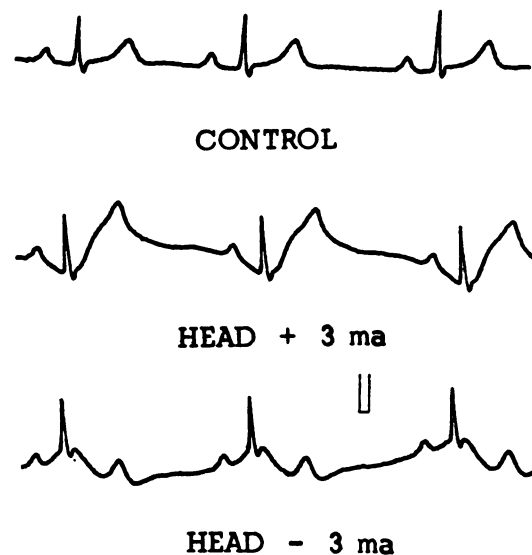


FIG. 1.