

and properly belongs with religion where it is practised, while at the same time all-important 'wisdom' is developed. This is what one is blindly 'measuring' in well seasoned monks.

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#### MENSTRUATION, MOOD AND MENTAL HANDICAP

DEAR SIR,

It is widely reported that the female menstrual cycle polarises certain events in women's lives so that they occur much more frequently in the paramenstruum (premenstrually and with menstruation). Katharina Dalton (1977) reports that schoolgirls' examination results, schoolgirls' offences, offences by women prisoners, accident proneness, admission to both general and psychiatric hospitals and suicide attempts occur more frequently in the paramenstruum than at other times of the cycle. Birtchnell and Floyd (1974) do not find a relationship between attempted suicide and the menstrual cycle and point out many of the statistical problems in relating events to menstruation, as the menstrual cycle is not itself a regular predictable event.

This is a report of a pilot study to assess the effect of menstruation on the behaviour and mood of female patients with mental handicap. Women with mental handicap were selected, as it was felt that they would be less able to conceal mood changes, and that the mood changes would be reflected in behavioural changes. Preliminary discussion of the study with medical and nursing staff suggested that we would find a clear cut relationship between behaviour and menstruation. A questionnaire was devised with five questions

- (1) Has the patient shown any abnormal elation or depression today?
- (2) Has the patient had an episode in the last 24 hours of shouting, being destructive, excessive overactivity, interfering or aggression?
- (3) Has the patient been unusually either under- or overactive?
- (4) Has the patient either complained of or indicated that she has abdominal (period) pain?
- (5) Has the patient been more dependent upon nursing staff or more attention-seeking than usual?

These were scored on a 4-point scale—No; Just noticeable—Slight; Moderate; Very Marked. For 84 consecutive days all menstruating patients in a 60-bedded mental handicap hospital were studied. The questionnaires were completed every day, and a separate record was kept of menstruation, epilepsy and medication.

There were 60 patients in the hospital, and records were completed for 29 (48 per cent) of patients, although only 25 (42 per cent) menstruated during the three months of the study. Fifty-two menstrual cycles were recorded in 25 women. In 16 women no change in mood or behaviour was recorded at any time. In nine women there were changes in mood and behaviour, but in only two of these nine did changes occur in the paramenstruum. In one of these patients three menses were recorded but here mood and behaviour changed in the paramenstruum of only one menses. The other patient had two menses recorded, she had paramenstrual symptoms with one menses but none with the other, and she also had behavioural changes which were unrelated to menstruation.

So out of 52 menstrual cycles recorded, in only two were there noticeable changes in mood and behaviour in relation to menstruation. These findings are at variance with the results predicted by nursing and medical staff, and imply that the menstrual cycle is not an important variable in the control of mood and behaviour in female patients with mental handicap.

This was a pilot study and it might be valuable to assess a larger group of patients with mental handicap, including those living in hostels and the community.

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#### References

- DALTON, K. (1977) *The Premenstrual Syndrome and Progesterone Therapy*. Chapter 19. London: W. Heinman Medical Books.
- BIRTCHELL, J. & FLOYD, S. (1974) Attempted suicide and the menstrual cycle—a negative conclusion. *Journal of Psychosomatic Research*, 18, 361–9.

#### SCHOOL PHOBIC CHILDREN AT WORK

DEAR SIR,

The final sentence of the article by Baker and Wills (*Journal*, December 1979, 135, 561–64) and its summary is a non-sequitur to all the preceding article. The authors present no evidence that there are any 'underlying conditions' to school phobia, nor that adequate treatment of these supposed conditions is beneficial, let alone being 'more important than returning the child to school'. In fact, the cynic might conclude that such treatment might indeed be counterproductive in view of their finding that significantly more children who received further psychiatric treatment after discharge later failed to reach their potential in work or further education. Of