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.

David Marjot.
Psychiatric Department,
British Military Hospital,
c/o G.P.O., Singapore.

THE EXPERIENCE OF ELECTROCONVULSIVE 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.

Josef Zubin.
Chief of Psychiatric Research (Biometrics).

Biometrics Research,
722 West 168 Street,
New York.

EDITORIAL NOTE

The article on "The Experience of Electroconvulsive 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 likeliest" 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 solana-
ceous compounds were absorbed, the subject would
experience a numbed floating sensation, distortion
of the perception of time and space, and depersonal-
ization, 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
poison 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
ture, 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.

ALEXANDER R. K. MITCHELL.

Barrow Hospital,
Barrow Gurney,
near Bristol.

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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 par-
ticular 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 bene-
ificial 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 recog-
nized by the patient to have no adequate "psycholog-
ical" 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 infec-
tious 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 des-
pondency. 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. Pro-
longed 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.
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ALEXANDER R. K. MITCHELL
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