

a mentally retarded man she met at a mental health clinic. She believed that she was secretly married to the rock star, David Bowie, after supposedly meeting in a church camp several years previously. She described seeing him "waiting for her" outside her hospital window. The onset of this delusion coincided with a local tour by Bowie.

Premorbid lifestyle featured an intense, infantilizing but covertly eroticized relationship with her father (a clergyman), and a distant and unrewarding attachment to her mother. She was raised in an overprotected environment, from which she escaped at an early age into the first of two ill-fated marriages, necessitated by an unplanned pregnancy.

She responded to anti-psychotic treatment by slowly and reluctantly relinquishing her delusions. The diagnosis was chronic paranoid schizophrenia with dependent personality traits.

The similarities in the delusions of these two female patients are noteworthy. Their delusions may be contemporary counterparts of De Clerambault's syndrome (paranoid erotomania), reflecting the high status popular musicians acquire in Western culture. These are celebrities with overt sexual symbolism, representing to each patient a fantasied wish-fulfillment of social and sexual success, in distinct contrast to the paucity of such rewarding experiences in their real lives.

Investigating the incidence and content of rock and roll delusions might be illuminating, and provide insights into the cultural determinants of psychotic symptomatology.

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Reference

RUEDRICH, S. L., BISHOP, R. J. & CHU, C. (1983) Rock and roll music in delusion formation. *Journal of Operational Psychiatry*, **14**, 115-7.

FATE OF PSYCHOGERIATRIC PATIENTS

DEAR SIR,

I was interested to read the article by Drs Eagles and Gilliard (*Journal*, March, 1984, **144**, 314-6) describing the trends in the admissions to the Psycho-geriatric Assessment Unit at the Royal Victoria Hospital, Edinburgh from 1977-82. They point out that more of the patients are going on to long term hospital care and fewer are being discharged to either their own homes or to local authority Old Peoples' Homes.

I have looked at the sixty admissions in 1983 to psycho-geriatric beds at the Parc Hospital Bridgend for assessment from an area covering two of the

industrial valleys in South Wales, with a population of 127,000 of whom 19,000 are over the age of sixty-five years. Eleven died, thirteen required long-stay psychiatric beds, and three were discharged to Old Peoples' Homes.

None of the patients were discharged to a long-stay geriatric bed. Just over half (33) of our patients were discharged home, more than in either of Dr Eagles' two groups; but our figures contain many cases where great pressure had to be put on reluctant relatives to accept the old people back from the hospital. However, like Dr Eagles we had only a few patients discharged to Old Peoples' Homes. The relevant local authority has specialized homes for the confused elderly but has no apparent plans to increase the number of places in its Old Peoples' Homes. Grundy & Arie (1982) pointed out that the number of places in the Old Peoples' Homes has failed to keep pace with the growth in the elderly population. If this trend continues, which seems likely particularly if the local authorities are forced to make reductions in their Social Services budgets, the psychiatric hospital will be asked to take even more demented people who require residential care.

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Reference

GRUNDY, E. & ARIE, T. (1982) Falling rate of provision of residential care for the elderly. *British Medical Journal*, **284**, 799-802.

MONOAMINES AND MADNESS

DEAR SIR,

With the development of biological psychiatry we have seen, in recent years, an immense investment of time and resources in the study of monoamines. This concentrated effort is justified because of the supposed malfunctioning of these systems in psychiatric illness. It is postulated that schizophrenia, depression, anxiety and other disorders are due to abnormalities within catecholamine or serotonergic systems. In fact the only consistent concrete evidence we have linking monoamines with biological brain dysfunction, is of a pharmacological type. Drugs useful in the treatment of depression and schizophrenia do alter monoamine systems. There is, however, little logic in assuming that a drug which produces a therapeutic effect must do so, by a direct action on the dysfunctional brain area.

Many research papers give one the impression that the brain contains a large majority of monoamine neurones. This is far from the truth, as the overall number of monoamine-containing neurones in the mammalian brain is probably considerably less than