

immigrant). Compulsory admission to mental hospital would serve as evidence of an attack of 'insanity' but the effect of such an admission would depend on the patient's recovery.

Thus, contrary to popular psychiatric belief, it appears that compulsory admission may, if it produces a more rapid recovery, actually *help* a patient to obtain a US visa.

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Doll phobia revisited

SIR: It was very interesting to read Hatcher's description of successful exposure treatment of a doll phobia in a 14-year-old boy (*Journal*, August 1989, **155**, 255–257). He notes the rarity of doll phobia despite the ubiquity of dolls in most cultures. Such discordance between frequency of contact with stimuli and fear of them may be partly explained by a prepotency and preparedness of certain cues to arouse fear more than others do in a species as a result of its evolutionary history. Incidentally, the credit for the first description of doll phobia probably goes to Rangell (1952), cited by Marks (1987, p. 396).

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Historical melancholia

SIR: Berrios's (1988) conceptual history of melancholia and depression, while scholarly and deep, is, I would suggest, in parts overstated. He says, for example, that the concept of bipolar disease required a series of conditions that were only met after 1950. Certainly earlier physicians spoke at the least of the continuity of melancholia and mania, for example Boerhaave (1728), Morgagni (1761), and Esquirol (1812) (see Frosch, 1987). Furthermore, it appears clear that the notion of alternating disturbed states of slow, exerted behaviour with fast, even frantic, behaviour can be seen to have entered the popular

imagination. Caldwell (1972) has drawn our attention to the fact that the final movement of the sixth of the Opus 18 quartets (written in 1799) was entitled by Beethoven "La Malinconia". The movement consists of six alternating slow and fast sections, the slow sections inhibited, unelaborated, the fast sections bristling with energy, leaps and trill-like figures. That Beethoven recognised what he was portraying is confirmed in a later letter to a friend about another piece contemporaneous with "La Malinconia": "everyone at that time sensed . . . the mental state of melancholia and its phases". That this notion was not new in 1800 can also be seen in Pondourus's description (fourth century AD) that mania is "an intermittent disease which proceeds through a periodical variant . . . it repeats itself once a year or more often . . . melancholia occurs in autumn, whereas mania in summer" (source of quote unlocated).

Good, careful observation is not a recent invention. While theory can determine what we are aware of seeing, through the millennia family and friends of individuals with manic-depressive disease must have been aware of its alternation, its circularity, aware of each phase's characteristic thought contents, feeling states, and activity patterns, aware of the continuity between the phases. The shamans and physicians involved in their care must also have known these facts. We should not delude ourselves that our unassisted senses and reasoning powers are better than those of our ancestors. Changing social structure and new data, real or imagined, lead to newly organised observations and to new explanations, to new theories. Berrios's paper properly directs us to this level of historical inquiry.

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ECT in old age

SIR: We read with interest the paper by Benbow on electroconvulsive therapy (ECT) for depressive