

Cameron (1941) who looked at the wandering confusion allegedly shown at night by 'senile' patients. He showed that the same disorganised behaviour could be created during the daytime by placing the patient in a darkened room. Building on this he speculated that confused behaviour occurred because the 'senile' patient could not maintain a spatial image or representation of the surroundings in the absence of repeated visual stimulation.

The claimed 'sundown' effect could therefore possibly relate to a real phenomenon which involves changes in the level of background illumination rather than the time of 'sundown' *per se*. Since patients are typically studied in residential units which are likely to have adequate artificial lighting, the association of the actual loss of illumination with sundown has been lost. It may be that confused wandering is more likely to occur in patients with dementia when background illumination is poor.

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### *Predictions of the demise of psychiatry*

DEAR SIRs

At a recent meeting of the Royal College of General Practitioners, Professor Anthony Clare said that, given certain conditions, he anticipated that "... psychiatry might well disappear within 30 years". Reviewing the 'threat' that psychiatry is thought to be under, Cawley (1990) wrote: "The crucial question is this: what do psychiatrists do that others cannot do – individually or collectively?"

I have a few 'questions and answers' of my own, in response.

Will there still be people suffering from mental illnesses in 30 years time? We have no reason at present to believe that these disorders will disappear in the near future.

Do we anticipate that the mentally ill will be looked after in the same facilities as the physically ill? Experience has demonstrated that psychiatric and non-psychiatric patients cannot be managed in the same facilities, in hospital or in the community.

Do we expect that in-patient facilities will remain part of the future provision for the care of the mentally ill? Undoubtedly so, 'community care' notwithstanding, there will always be illnesses of such severity that they cannot be managed other than on an in-patient basis.

Do we expect that doctors will have a role in the diagnosis and treatment of mental illness in the future? If so, which doctors will provide this service? It takes medical expertise to identify the underlying condition. Besides, assessment of psychopathology of the individual patient requires more training in psychiatry than GPs, or other physicians receive during their training. So there will need to be doctors who specialise in the care of the mentally ill.

If neurochemical and neurophysiological research should discover that mental disorders all have an organic basis, what difference would that make to the manifestations and management of these disorders? None. So psychiatry is not under threat at all.

Clare (personal communication, 1992) stated: "The psychiatrist is fast becoming in certain instances a sort of administrative supervisor, shuttling patients from one location to another (e.g. from the mental hospital to community facilities), more of a managerial expert than a true physician. Whether psychiatry should continue as a specialty or not I left open. Indeed I am myself of two minds. If I was confident that, for example, my colleagues in general medicine, general practice, geriatrics and allied fields really took the psychological aspects of medicine seriously, then I suppose I would not regret the passing of psychiatry as a specialty."

The concern about the role of psychiatry, and the responsibilities of psychiatrists, is genuine but is the conclusion valid?

Predictions of the demise of psychiatry as a medical specialty in advance of the disappearance of mental illness make us think about what we are doing, why, how and to what effect we are doing it. Nevertheless, in my view psychiatry will disappear when, and only when, there is no longer a requirement for psychiatrists; that is, when mental illness no longer occurs.

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### *A 'dementia helpline' – care for the carers?*

DEAR SIRs

Carers of demented elderly people report a larger number of problems and greater strain than other

carers (O'Connor *et al*, 1990). They often feel socially isolated and welcome the opportunity to ventilate their feelings and discuss their problems with others who they perceive understand their situation.

To meet some of this need, we developed a 'telephone helpline' using volunteers from the local branch of the Alzheimer's Disease Society and co-ordinated by ourselves. The service provides emergency contact and brief telephone counselling to carers of demented patients on a 24 hour, seven days a week basis. The volunteers have looked after a dementing relative in the past so have a wide range of both practical and psychological experience on which to base their counselling. They have undergone training sessions in telephone counselling including seminars on active listening techniques and information gathering, together with opportunities to role play situations. Confidentiality is also discussed. Counsellors meet regularly to share experiences and develop skills, and data on calls and subject matter of queries are being collected. The name 'Alzheimer's Disease Helpline' was chosen by the volunteers, and it, plus a brief outline of the service and its telephone number, has been widely publicised throughout the district using posters, in hospitals, health centres, libraries etc., and the local media.

Volunteers take calls in their own homes using an 'on-call' rota. Initially, callers dialling the advertised number received a recorded message giving the telephone number of the counsellor for that day, but soon all calls will be automatically re-routed directly to the counsellor's home.

As the numbers of elderly dementing patients increase, it will be important for old age psychiatry services to find cost-effective ways of supporting carers. A 'telephone helpline' may be one such method.

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## Erratum

Correspondence, *Psychiatric Bulletin*, November 1992, 16, 727. The correct spelling of the name of

## *Psychopathology and the Wimbledon Tennis Championships*

DEAR SIRS

I wish to report on a case where television coverage of the Wimbledon Tennis Championships was incorporated into a patient's psychopathology.

"S" is a 47-year-old woman who has suffered from schizophrenia for 17 years. She has suffered from delusions that Margaret Thatcher and the Foreign Office are plotting against her. She has experienced auditory hallucinations including audible thoughts, thought broadcasting, thought stopping and has exhibited knight's move thinking.

During her current admission she has also experienced functional hallucinations. She hears voices engaged in conversation when she can hear a health care assistant drawing wool through her fingers while knitting. She also hears voices when she can hear plates clattering as they are loaded into the ward dishwasher. Her mental state has gradually improved over the last two months while being treated with clozapine.

During the last two weeks of June she experienced a new phenomenon. While watching Wimbledon on the television she heard a voice only when either the ball is struck by one of the players or when it hits the ground. If two non-British players are playing she believes that they have a lot of money to give to her and can hear a voice coming from the two players which says during a rally "what ... do ... you ... want ... the ... money ... for". The patient experiences her thoughts leaving her head and the reply "to help with my illness" is returned.

When the British player Jeremy Bates was playing his match against Guy Forget the experiences were different and more distressing. As the ball went to and fro she heard messages such as "go ... and ... see ... a ... solicitor ..." "you ... are ... innocent ...". Frequently the rallies were too short to convey an entire message. "S" considered that the excited crowd were trying to solve her perceived problem with the Foreign Office and Mrs Thatcher for her. During the loud applause reserved for the British player's winning points she could hear a voice saying "yes that's right, that's right".

Have any other psychiatrists observed psychopathology relating to other major sporting events?

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