logic because of the confounding variable of active or inactive treatment.

Perhaps I have overlooked some strength in the methodology chosen; I would be glad to be corrected if this is the case.

C. J. HAWLEY

Department of Psychiatry Charing Cross Hospital Fulham Palace Road London W6 8RF

Reference

HALSTROM, C., CROUCH, G. & SHINE, P. (1988) The treatment of tranquilliser dependence by propranolol. Post Graduate Medical Journal, 64 (suppl.), 40-44.

ECT in neuroleptic malignant syndrome

SIR: In his otherwise impressive update on neuro-leptic malignant syndrome (NMS), Kellam (Journal, August 1990, 157, 169–173) seems to have included some factual inaccuracies while discussing the treatment of continuing or recurring psychosis after the successful treatment of NMS. Dr Kellam quotes Lazarus (1986) to the effect that electroconvulsive therapy (ECT) is safe after the syndrome has subsided. Lazarus, in his case report, suggested that ECT may offer a safe and rapidly effective intervention in cases of NMS unresponsive to supportive medical therapy.

Similarly, Hermesh et al (1987) recommended ECT for the treatment of NMS episodes rather than for continuing or recurring psychosis after the successful treatment of NMS. In my rejoinder to Hermesh et al (1987), I did not argue about the safety of further neuroleptic treatment for psychotic illness as Kellam seems to imply. I suggested that the drug treatment (i.e. bromocriptine or dantrolene) should be tried for the management of NMS before resorting to ECT (Adityanjee, 1987). I did mention having used ECT for the management of recurring psychosis after NMS had subsided (Adityanjee, 1987; Adityanjee & Chawla, 1989). Similar practice was adopted by Aizenburg et al (1985) who used ECT for the management of psychotic illness after NMS had resolved successfully with supportive treatment only.

ADITYANJEE, P. DAS

Maudsley Hospital Denmark Hill London SE5 8AZ

References

ADITYANJEE, DAS. P. (1987) Role of electroconvulsive therapy in neuroleptic malignant syndrome. *Acta Psychiatrica Scandinavia*, 76, 603-604. —— & CHAWLA, H. M. (1989) Neuroleptic malignant syndrome and psychotic illness. British Journal of Psychiatry, 155, 852-854. AIZENBERG, D., SHALEV, A. & MUNITZ, H. (1985) The aftercare of the patient with the neuroleptic malignant syndrome. British Journal of Psychiatry, 146, 317-318.

HERMESH, H., AIZENBERG, D. & WEIZMAN, A. (1987) A successful electroconvulsive treatment of neuroleptic malignant syndrome. Acta Psychiatrica Scandinavia, 75, 237-239.

LAZARUS, A. (1986) Treatment of neuroleptic malignant syndrome with electroconvulsive therapy. *Journal of Nervous and Mental Disorders*, 174, 47-49.

Was Hitler a Christian?

SIR: There are a number of dubious assumptions and implications in Samuel's (Journal, July 1990, 157, 151) argument that Hitler, Mussolini, Stalin, Franco and Hoess were all Christians. Firstly, there is the assumption that anyone who professes to be a Christian is one by definition. Arguably, such a profession does fit the dictionary definition given by Philip Timms, although I would feel that in this context the use of the word 'profess' should more meaningfully be taken to include observance and practice of, rather than simply confession of, faith. Secondly, there is an implication that the failure of the Roman Catholic Church to proscribe Mein Kampf amounts to an acceptance of its contents not only by the Catholic Church (which is itself highly debatable) but also by the wider Christian Church as a whole.

The most serious implication of Dr Samuel's argument, which is both unjustified and offensive, is that there is some causal connection between the professed Christian faith of the individuals named and the acts of atrocity and inhumanity that they perpetrated during their lives. The lives that they led, as recorded in history, clearly betray the insincerity of any profession of Christian faith that they made. The teachings of Christ made clear that it was not those who 'professed' righteousness, but those who were truly repentant, who found favour in God's sight.

C. C. H. Cook

University College & Middlesex School of Medicine Wolfson Building Middlesex Hospital Riding House Street London W1N8AA

This correspondence is now concluded.

Anorexia nervosa and OCD

Sir: I read with interest the paper by Holden (Journal, July 1990, 157, 1-5) on the evidence for a