## NEURAL AND PSYCHOLOGICAL DEVELOPMENT

Dear Sir,

I wish to congratulate Drs Myersburg and Post (*Journal*, August 1979, **135,** 139–55) for their interesting attempt to integrate the contributions of several disciplines in order to illustrate the correspondence regarding basic developmental milestones. Two further pieces of evidence are worth mentioning.

One criticism of the emphasis on myelination as an indication of the functional maturation of the brain has been that impulse traffic starts and acts on neurons during development, before they acquire myelin sheaths. In Conel's monumental work, maturation is measured not only by myelination but by four other criteria: The state of branching and development of the apical and basal dendrites; the presence of neurofibrils in the cell bodies; the state of axonal branching; the actual number of neural fibres.

The effect of environmental factors on developmental processes and critical periods has been examined recently. Winnick's work on nutrition and mental development, which has not been mentioned in their article, supports their postulate that environmental experiences do affect neural substrates and subsequent behaviour.

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## DELUSIONS OF INFESTATION

Dear Sir,

I would like to amplify slightly Professor Trethowan's succinct review of Annika Skott's monograph, *Delusions of Infestation—Ekbom's Syndrome* (*Journal*, August 1979, **135,** 185). Professor Trethowan is quite correct in saying that Dr Skott has found good evidence that infestation delusions can be related to various psychiatric disorders, such as mental handicap, depressive illness, personality disorder, paranoid illness and schizophrenia. In her discussion she also mentions that they can be the presenting picture in cases of monosymptomatic hypochondriacal psychosis (MHP) which may manifest with infestation or other delusions (Munro, 1976; Reilly, 1977).

My intention in writing is simply to counteract an erronoues implication which could arise from Professor Trethowan's statement that "the impression . . . that a delusion of infestation is usually an isolated phenomenon occurring without relation to other psychotic symptoms and best characterized as a primary delusion, is incorrect". The comment is perfectly true as regards the majority of cases reported by Dr Skott, but certainly does not hold for cases of MHP. I only underline this because MHP has been a neglected diagnosis in Britain until lately and it is important that it be recognized when it occurs, since it appears to be so amenable to treatment with pimozide (Freeman, 1979).

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## LEVODOPA IN SENILE DEMENTIA

Dear Sir,

Adolfsson *et al* described changes in brain dopamine concentrations in patients with dementia of the Alzheimer type (*Journal*, September 1979, **135,** 216–23). In their discussion they made the suggestion that the substitution of levodopa may be of benefit in this condition.

We have reported a double-blind crossover trial of levodopa in 14 patients with senile dementia (Lewis *et al*, 1978). Using a daily dose of 875 mg of levodopa per day a significant improvement was found with the Crichton Intellectual Rating Scale but not on the Behaviour Rating Scale. One further experience showed that the small gains made in intellectual performance were maintained for several months (Johnson *et al*, 1978). However, the clinical relevance of these findings appear to be questionable and we are doubtful as to whether levodopa should be recommended as routine treatment in this condition at present.

Bromocriptine is a dopamine agonist acting as a dopamine receptor sensitizer, but this drug did not have any demonstrable effect on intellectual function in patients suffering from senile dementia (Smith

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*et al*, 1979). The mode of action of levodopa in senile dementia therefore remains uncertain.

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## SAMARITAN CONTACT AMONG PARASUICIDE PATIENTS

DEAR SIR,

We were interested to read the paper by Drs Greer and Anderson (*Journal*, September 1979, **135**, 263–68) concerning Samaritan contact prior to parasuicide. Their findings confirm a study we reported to the International Association of Suicide Prevention in Helsinki 1977. In a controlled study we compared knowledge of Samaritans amongst patients admitted to hospital for parasuicide with a group matched for age and sex in the ward at the same time for other reasons. The table demonstrates the widespread public knowledge of Samaritans, also identified in a National Opinion Poll carried out at the behest of Samaritans (Who?), a reasonable knowledge of what Samaritans offer (What?), and an ability to contact the organization as demonstrated by a request for precise information (How?). Fourteen per cent of parasuicides had made contact with Samaritans on previous occasions (Past) but only 4 per cent had contacted them prior to the present episode (Now). See Table page 588.

It is suggested that there is not only a diminished ability to seek help when under stress and a cultural reluctance, demonstrated by a class variation, in asking for support. There is also support for the growing view that the classical 'cry for help' is a less important factor than the seeking for immediate oblivion as a response to overwhelming stress without caring whether this oblivion is temporary or permanent. Hence Propetia. (Seager, 1978).

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DEAR SIR,

I read Steven Greer and Marion Anderson's paper on Samaritan contact among parasuicide patients (*Journal*, September 1979, **135**, 263–68) with particular interest as I performed a similar study myself three years ago. Although time and opportunity limited the number of patients I interviewed I would like to say that I too found the degree and accuracy of knowledge of the Samaritans to be substantial, and it does seem that ignorance must be a negligible reason for choosing parasuicide rather than Samaritan contact.

My questionnaire also included questions as to who, if anyone, the patient had discussed his unhappiness with in the period immediately prior to the parasuicide act. I found a marked difference between the younger and older age groups (50 per cent of my group were under 25, 54 per cent of Greer and Anderson's were under 30) in that, while the over 25's had sought help from numerous sources such as family, friends, doctors, social workers and priests, few of the under 25's had discussed their problems with anyone, although many had expressed the retrospective wish that they had been able to do so.

The paucity of contacts made by the under 25 group while in distress, coupled with the preponderance of this group and the stated desire by most of them that they would have liked to talk to someone at the time, is an aspect that causes concern particularly as this is a function that the Samaritans see themselves fulfilling. One might have feared that it was a 'middle-class, middle-aged' image of the Samaritans that deterred young people, but not one person stated such a view to me, and a study conducted for the Samaritans did not find this either (The Samaritans, *Report and Accounts*, 1975/6). Special 'youth lines' have only had limited success.

It must be more than adverse attitude to the

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