

POLARIZATION THERAPY IN  
DEPRESSIVE ILLNESSES

DEAR SIR,

The papers by Redfearn, Lippold and Costain (*Brit. J. Psychiat.*, November 1964, pp. 768-799) were read with interest.

The authors do not, however, define "pathological depression". From the case histories (pp. 774 ff.) it would seem to have various meanings; from the affective changes of melancholia to unhappiness associated with life's difficulties. The validity of the controlled trial (pp. 786 ff.) must be in doubt if "pathological depression" does not mean the same in each case.

There are also weaknesses in the psychiatric rating scale used in the controlled trial. The scores of the individual symptoms do not appear to measure or enumerate anything. These figures are not numbers in a mathematical sense, but ideograms. "Very severe depression" is given the score of 4, but this is a "shorthand" way of writing "very severe depression", and is not to be "added" or otherwise manipulated.

This error can be illustrated by considering the scale used to describe the Lange Colloidal Gold Reaction. On that scale the colours of various reactions are described by figures instead of words. Pathologists do not assume these figures are numbers to be added one to the other.

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THE EXPERIENCE OF ELECTRO-  
CONVULSIVE THERAPY

DEAR SIR,

I am very much interested in the note on "The Experience of Electro-convulsive Therapy" by "A Practising Psychiatrist" (*Brit. J. Psychiat.*, April, 1965) and would like to get a copy of the note, and would it be possible also to inform the author that the loss of memory phenomena which he describes so elegantly have been reported in a book edited by T. G. Andrews called *Methods of Psychology*, John Wiley and Sons, 1948, chapter XX, pages 595-623, under the title of "Objective studies of disordered persons". In there, I describe an experi-

mental approach to demonstrating the *jamais vu* phenomena which the author reports.

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EDITORIAL NOTE

The article on "The Experience of Electro-convulsive Therapy" by "A Practising Psychiatrist" has created a great deal of interest and there have been a number of requests for reprints. We will do our best to fulfil this demand.

WITCHCRAFT, PSYCHOPATHOLOGY  
AND HALLUCINATIONS

DEAR SIR,

Dr. Barnett's thesis (*Brit. J. Psychiat.*, May, 1965, pp. 439-45) that many of the delusional beliefs associated with the Witch cult can be explained in psychopharmacological terms is interesting and intriguing.

Drugs in the form of magic ointments were used by witches on themselves for transformation, and more particularly for transvection, i.e. to induce the sensation of flight, and it is of interest that as early as the 17th century, Francis Bacon in his *Sylva Sylvarum* noted that "soporiferous medicines are likest" to drug witches into delusions of flying (Robbins, 1959). This shows that although the witch might be suffering from delusional thinking, some scientific thought of the day was prepared to regard these phenomena as illusionary, the result of drugs absorbed through the skin.

Rose (1962) discusses traditional flying ointments and notes that Weyer, the sceptical physician of the Duke of Cleves, collected the prescriptions for several of these which contained as their active principles aconite (aconitine) and belladonna (atropine) in an oil base, together with other substances in themselves pharmacologically inert but of symbolic power, e.g. bat's blood or soot.

Rose points out that the active principles, if absorbed quickly, would result in acute intoxication with loss of the faculties. However, the effect of the ointment would be reduced because the rate of absorption would be determined by the amount applied and the natural dampness of the skin. The effect might be further reduced if belladonna and aconite were both present, because of their antagon-