WETTERBERG, L. (1982) Psychiatric aspects of pineal function. In *The Pineal Gland*, Vol. III. *Extra-Reproductive Effects*. Cleveland, Ohio: CRC Press.

A SINGLE-CONSULTATION ASSESSMENT CLINIC

DEAR SIR,

I am reporting my experience of offering an urgent psychiatric assessment in the form of a single consultation, to patients and clients of any referring professional. With regard to the work of the Mental Health Advice Centre at Lewisham, (Bouras & Brough, 1982), which indicates the improvement in service when a community-based organisation is set up, it was decided to attempt to increase the range of the psychiatric service in Canterbury, without a need for an increase in resources.

As Senior Registrar in Psychiatry I was able to obtain the use of a room at the newly-built Health Centre, for two afternoons per week. Thus I was able to offer an urgent assessment (within 4 days) of patients in a non-psychiatric setting, which was the primary aim. In addition, I hoped to improve the liaison between psychiatry and other services supporting patients. Information about the clinic was circulated to general practitioners, social services, probation services, community nursing (general and psychiatric), health visitors and marriage guidance counsellors. Other referrers heard about the clinic from colleagues.

The clinic ran from June 1982 to July 1984. Records were kept for the first six months and the last year. During these 18 months 136 individuals were seen a total of 187 times, in 94 sessions. The clinics were reduced from two to one per week between the 1st and 2nd recording period, which increased the average attendance to approximately three per clinic. The greatest number of attendants at any one clinic was seven. Forty-five per cent of patients had never seen a psychiatrist before. About 50% of patients were referred by GPs. The remaining 50% were referred by: Community Psychiatric Nurses 15%, Social Workers (Community) 8%, Self or Relative 7%, General Hospital Doctor 7%, Occupational Health 6%, and Others—e.g. Samaritans, Probation—7%.

There were 97 women and 39 men, and the age range was 16–72 years. There was little difference between referrals from the different professionals. CPNs referred more psychotic patients, and self-referrals tended to be patients dissatisfied with the service that they had previously received. The diagnostic range included schizophrenia, psychotic depression and dementia, but many suffered from a neurotic illness or personality disorder; about 40% of patients had symptoms which did not readily fit a diagnosis, apparently resulting from family and marital stress or other life crises. This latter group were most helped by the single consultation and, I suspect, avoided repeated visits to psychiatric clinics. The therapeutic value of the single consultation became clear, especially its role in reassuring a non-medical professional and the patient, that the patient was not 'mad'. Approximately 40% of patients were not referred on to other services. Only 3 patients (2%) were referred for hospital admission.

My impression is that liaison between local services was improved and the service the client offered was valued by patients and professionals. One problem was that a small number of patients preferred to re-refer themselves to this clinic, rather than attend any arranged follow-up. Most re-referrals were from professionals and accounted for 51 (24%) of the consultations. The maximum number of attendances by any one individual was five. For some patients referral at approximately six-monthly intervals, at points of crisis, seemed appropriate.

I believe that this type of clinic is a valuable addition to a general psychiatric service at minimal cost, and a fuller evaluation of its acceptability and effect on other services, and comparison with other emergency clinics and crisis intervention services, would be of interest.

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Reference

BOURAS & BROUGH (1982) The Development of the Mental Health Advice Centre in Lewisham District. *Health Trends*, **14**, 65–68.

KORO

DEAR SIR,

I read with interest the two brief reports on Koro (*Journal*, September 1984, **145**, 331–335). I would like to describe a case of Koro in a Chinese subject who not only had the complete syndrome, but also had an ongoing, typical schizophrenic illness. The symptoms of Koro have been present continuously and without remission for over two years.

The patient is a 23 year old single, male, Chinese was born in Hong Kong and came to England at the age of 15, with no past or family history of psychiatric illness. He completed his schooling in England by passing two "O" levels but could not achieve his ambition of three "A" levels due to deterioration in academic performance.

At the age of 21 he was admitted with a diagnosis of

schizophrenia, exhibiting paranoid delusions and at least three first-rank symptoms, i.e., thought broadcasting, thought echo and auditory hallucinations. He also expressed grandiose delusions, i.e., that he had a special ability to look directly at the sun and that strangers in the street were referring to him as a Chinese leader. He was treated with phenothiazines and discharged after a period of four months, but was re-admitted four days later in a mute, catatonic state. He responded to medication again and was discharged six months later.

He then went to live with an aunt in Hong Kong so that he could work there and earn his fare to China (ostensibly to pursue his idea of becoming a leader). Whilst there, he discontinued his maintenance medication. He then had a strange experience in which he saw a blinding light and *knew* he was going to be a Chinese leader. Soon afterwards he overheard a conversation between his aunt and her lady friend. The friend was telling his aunt, "I will cut his penis into two". This led to an argument between the patient and his aunt and in the course of the argument the friend shouted and screamed at him saying, "shrink penis, shrink penis". He then left his aunt and went to a neighbour's house for the night. That night he thought his penis was shrinking and experienced acute anxiety and fear. He tried to keep his penis erect by massaging it continuously for the most part of the night fearing that it would disappear into his body, with fatal consequences. He was taken to a nearby hospital in a state of panic still clutching his penis. He was given an injection (? tranquilliser) and discharged the following day. Soon afterwards he returned to England and a few months later (May 1983) was admitted to this hospital in a state of acute panic and recurrence of paranoid symptoms. He said, "My family let my penis go inside", and that his mother and sisters had shouted at him so that his penis would shrink and disappear into his abdomen, killing him. He also subsequently developed a belief that his penis would shrink if he ate noodles. Apart from these symptoms he also complained of palpitations, feeling hot and excessive sweating in the palms and axillae. He responded well to neuroleptic medication in that his schizophrenic symptoms are relatively well controlled but his Koro symptoms are still intact.

This case raises some interesting issues about the nosological status as well as the treatment of Koro states. The symptoms of Koro, even when present in the setting of a primary psychiatric condition like schizophrenia, seem to have a peculiar immunity to conventional neuroleptic medication, suggesting, perhaps, that Koro is an encapsulated delusional disorder similar to paranoia and paranoid states. The conviction continues to be reinforced by the existence of a folk belief, at least in the Chinese. I would be interested to hear about the results of treatment of the full-blown Koro syndrome from your readers.

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THE REAL MENSTRUAL CYCLE

DEAR SIR,

I must comment on the review by Dr Katharina Dalton of my book, *The Real Menstrual Cycle* (*Journal,* 1984, **145,** 102).

Dr Dalton asserts that the book is "a far cry" from hormones, prostaglandins and so on. In fact, neuroendocrine processes are of central concern throughout the text and are the subject of a substantial part of the research cited.

There are over 400 references to the reputable international scientific literature. Such a body of work can hardly be said, in Dr Dalton's words, to place too much reliance on "hearsay evidence" or to be unacceptable because it does not use personal examination of menstrual loss or vaginal inspection.

The book does not set out to review the basic physiology or endocrinology of menstruation. It attempts to relate the neuroendocrine processes, as well as learned mechanisms, to the ways in which the physical, psychological and behavioural manifestations of the cycle are experienced. Hence the title of the book.

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