

This way the students get their teaching (without ending up conscience-stricken about the consultation) and the patient gets the required attention, without spending all morning at it and without facing a dauntingly large, potentially embarrassing, group on his/her first attendance.

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Psychiatry in literature

DEAR SIRS

Further to my comments (*Psychiatric Bulletin*, March 1990, 15, 167–168) on the article by Förstl *et al* (*Psychiatric Bulletin*, December 1990), 14, 705–707), I would like to draw your attention to the enclosed illustration from another book, *The Black Island* by Hergé.

It shows the intrepid reporter Tintin in action against the deviant psychiatrist, Dr Müller, a member of a gang of counterfeiters. To rid himself of Tintin, Müller has decided to commit him to a psychiatric hospital of which he happens to be the director. Yet another example of a writer anticipating future developments in (forensic) psychiatry, i.e. the confinement of healthy opponents in hospital, long before our profession showed interest in the problem!

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Tintin dispatches the evil psychiatrist Dr Müller in *The Black Island*.

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Fregoli's syndrome

DEAR SIRS

I read with interest Förstl *et al*'s article dealing with psychiatric phenomena in relation to Tintin cartoons

(*Psychiatric Bulletin*, December 1990, 14, 705–707). During the many years that I have been reading Hergé's stories, I have become convinced that Mr Thomson, the gentleman who appears wearing a bowler hat is, *in reality*, a man with a moustache called Mr Thompson. Am I suffering from Fregoli's syndrome?

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ECT and magic numbers

DEAR SIRS

Despite sporadic yet vociferous opposition, ECT has long been seen as among the most efficacious of psychiatric treatments. If this tenet is true, and as we do not know why it is so effective, it would seem logical at least to delineate exactly what we do, so that those who succeed us may be as successfully ignorant as we are. We have commenced, therefore, by looking at what exactly constitutes a course of ECT treatment.

All courses of ECT given in two centres in Sheffield over the past four years were logged ($n=405$). The final number each course finished on was analysed and revealed some interesting results. The mean number of treatments received was 7 (range 1–23). The figures were neither normally nor bi-modally distributed. Looking at the range of 4–12 treatments, 11 is the least favourite number to finish on, closely followed by 7 which therefore doubles up at being almost the "inverse mode" as well as the mean. You would have a 60% chance of finishing on an even number as opposed to an odd one which is of obvious statistical significance ($P<0.001$). You would be even less likely to finish on one of the six prime numbers that fall between 1 and 13 ($P<0.001$). The three most common lengths of treatment were, in order, 6, 12, 8.

So it seems we can confidently teach that for ECT to be successful it should not finish on an odd number, and certainly not on a prime number. In addition, there are other things to take into account, apart from patient response, when deciding the length of course of treatment, such as one's own superstitions perhaps!

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Psychiatry in Romania

DEAR SIRS

The Romanian Relief Appeal has been organising help and relief to orphanages and hospitals in and