For example, I have seen an Albanian league football match which has enriched my insight into the nature of paranoia as generated by the dictator Enver Hoxha. I have also been able to understand more closely the nature of culture-bound syndromes by witnessing certain behaviours at an international match between Cambodia and South Korea. The ability to communicate more fully with one's working-class patients has also been vital, males from such a background having a particular wariness of disclosing themselves to over-learned mind doctors.

My own perception had been that this was an isolated problem, with no-one else in the world of psychiatry at any level seeming to be in the slightest bit affected by the importance of, for example, being near a radio at about 4.30 p.m. on a Saturday afternoon. I have had to avoid or miss a number of conferences, because certain groups seem to hold formal meetings around this time. However, useful forms of desensitisation include trying to write match reports for one's local club's Fanzine, while regular five-a-side indoor games with social workers can be useful in the multidisciplinary context. Medication has never helped, although a brief trial of lithium significantly suppressed post-goal euphoria, and made it difficult to go to more than home games, in view of the accompanying polydipsia and polyuria. In retrospect, a non-sympathetic spouse can be of immense benefit, as can a range of carefully planned weekend activities around the whole of one's family that make it impossible to go away for any length of time. Likewise, by intermittently travelling to selected away league grounds, for example York City on a Tuesday evening in January, one can develop useful cognitive avoidance techniques.

Perhaps there is a need though for a Special Interest Group? A more psychologically aware approach to soccer, and an understanding of the needs of its aficionados may well benefit the current depressed state of the English game. In addition, insights may be gained into the needs of the unemployed male youth that now threaten the fabric of urban society. Finally, I can inform Dr Barrett, whom I am sure is not ignorant of the fact, that Stoke City did make it to Wembley, but did not unfortunately get promoted. Perhaps he would allow me to discuss further strategies and therapeutic techniques by coming to Stoke City's next visit to Leyton Orient.

T. H. TURNER

Hackney Hospital
London E9 6BE

DEAR SIRS

In response to Dr Barretts' letter on philic disorders (*Psychiatric Bulletin* July 1992, **16,** 454), I would like to add my own thoughts.

I, too, am a male married Caucasian psychiatrist in my 30s. Two years ago I developed a similar acute-onset philia for golf. An innocent visit to a driving range with a friend was remarkable only for the rapidity of the blistering of my hands until a casually-struck ball flew in a perfect arc and for a remarkable distance. While the ball was in the air I was overcome by an intense affect akin to ecstasy. Within weeks I had begun to play every week. I now dream about golf, read magazines about golf and accept only those wedding invitations which take me to regions offering access to recommended golf courses.

I consider that sporting philias are both common and adaptive but in extreme cases there is considerable overlap with other psychiatric syndromes. For example, there is subjective awareness of the compulsion to play, tolerance to ever-increasing amounts of golf, a characteristic dysphoric withdrawal syndrome of depressed mood, irritability and autonomic arousal, primacy of golf-seeking behaviour and a stereotyped pattern of play. Periods of abstinence are followed by rapid reinstatement and, needless to say, the withdrawal symptoms from golf can only be relieved by another 'round'. I consider that there is both a psychological and physical dependency syndrome. Phenomenologically speaking, the urge to play golf is intrusive, recurrent and sometimes perceived as senseless but it has never yet been ego-dystonic.

I endorse the validity of the philia as an entity while drawing attention to the possibility of overlap with addictive behaviours and obsessive compulsive disorder. I would be extremely interested to hear a psychodynamic formulation of the behaviour of a grown man dressing up to hit a very small ball with a very long club. Finally, I would speculate that 5HT uptake inhibitors will not help this or any other philia, but if Dr Barrett anticipates seeing Stoke City at Wembley he might well benefit from a neuroleptic.

M. A. MCPHILLIPS

St Mary Abbots Hospital
Kensington, London W8 5LQ

DEAR SIRS

Ken Barrett's letter (*Psychiatric Bulletin*, July 1992, **16,** 454) raises an interesting point. Fortunately he is willing to realise the necessity for treatment. Many "philias" are themselves harmless, but I fear this is not the case here. I refer to the SSC (supporting Stoke City) component of the complaint. I would recommend sublimating his desire to a more successful football team to avoid a constant sense of frustration and even failure.

I should know. I am in danger of developing a similar "philia" for the national rugby team. I live in Wales...

SIMON MANCHIP

Whitchurch Hospital
Cardiff CF4 7XB