some aetio-pathogenetic role in the depressive episode, but this is less likely in the sudden mood change to mania. Our patient was probably hyperthyroid for more than one year (according to the medical history and findings). She had had no mood up-swings until the trazodone treatment began. If the manic state was triggered by hyperthyroidism one would have expected its manifestation earlier.

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Long-Term Psychiatric Patients In The Community

SIR: Kathleen Jones and her co-workers (*Journal*, November 1986, **149,** 537–540) paint an optimistic picture of care in the community in York when documenting the fate of 50 long-term psychiatric patients discharged into the community. They suggest that similar surveys in other areas might have less favourable results.

We conducted a follow-up of all patients who had been in Banstead Hospital continuously for at least 2 years and were subsequently discharged into the community between 1970 and 1981. There were 25 such patients.

The majority had led surprisingly stable lives since discharge (average 6.25 years). Readmission rates to hospital were low. All but one patient remained out of hospital, and only four others had been readmitted for brief periods. Half the patients had lapsed contact with the psychiatric services, but of these, half still had regular contact with their GPs and received depot medication. One patient was unfortunately in prison for aiding and abetting rape, and four had died of natural causes at an advanced age.

We assessed the quality of life of the patients by interview with the patients and their carers using a semi-structured interview. The patients fell into two groups of roughly equal numbers. The first group was made up of those with few if any symptoms, a low dependence on psychiatric services, and an ability to lead active independent and generally contented lives. These were primarily schizophrenic patients living in high quality group homes. The second group consisted of those with some degree of symptomatology, receiving a higher degree of support from psychiatric services and having a tendency to live more passive, dependent, and somewhat discontented lives.

Our findings support the view that community care with appropriate resources is a viable option for selected long-stay hospital patients.

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Erotomania and Cerebral Dysfunction

SIR: *Case report:* Recently a 30-year-old right-handed patient presented with erotomania of the de Clérambault's type and somatic delusions. Two years ago he met a 16-year-old salesgirl, felt it was love at first sight, and thereafter believed that she communicated a mutual love by means of silent gestures, ringing in his ears, telepathic messages, chain letters, and cars driving past him; he believed that she attempted to make him jealous by having sexual relationships with countless men. He had previously held similar beliefs about two other women. Over the same period he had somatic delusions, experiencing a number of physical symptoms that he attributed to the influence of this woman.

The patient had depressed mood and a large number of neuro-vegetative symptoms when these delusions were at their height, but had recovered by the time he was seen. He had made a suicide attempt in the past, had a history of heavy alcohol abuse ending four years previously, and had a family history of affective disorder. On examination he was mildly elated with rapid, pressured speech; verbal fluency was poor, he was unable to do an alternating hand sequence, and he showed verbal-motor dissociation on the right with the Luria hand sequence. The EEG showed left temporal abnormalities. The symptoms abated slightly with pimozide; the patient refused lithium and carbamazepine.

Erotomania has been reported with frontal and left temporal lobe dysfunction with secondary mania (Signer & Cummings, in press); the latter has shown a particular association with delusions (Sherwin *et al*, 1982). The EEG showed left temporal, and the cognitive examination left frontal, dysfunction. With appropriate examination and investigation more patients with erotic delusions may be shown to have organic abnormalities requiring specific treatment.

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