vague phenomena into structured visual hallucinations when other environmental cues were suppressed. This point of view could be supported by his own statement that the Rorschach cards were very similar to the beginning of his visual hallucinations. His intellectual impairment was only slight to moderate, but may nevertheless have caused disturbances in the cortical integration of visual stimuli and by that have contributed to the development of his symptoms.

The neuro-psychiatric classification of these visual symptoms is difficult; they cannot be looked upon as real hallucinations because of the patient's lucid awareness of the unrealistic nature of the phenomena, and are therefore more likely to be a kind of pseudo-hallucinations, even though not typical. However, apart from these more academic problems, we definitely agree with Dr White in his statement, that such visual symptoms are harmless, and they should not be confused with a psychotic condition.

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PSYCHIATRIC REFERRALS FROM OLD PEOPLE'S HOMES

DEAR SIR,

It is to be hoped that the interesting paper by J. L. Margo, J. R. Robinson and S. Corea (*Journal*, April 1980, **136**, 396–401) on psychiatric referrals from old people's homes, will not be taken as justification for continuing policies of refusing necessary hospital care to aged psychiatric patients.

If, in fact, the mental hospitals available to the writers suffer from 'frequent changes of staff and exposure to disturbed residents' than this should be changed. Such factors can certainly exist in old people's homes, especially when they contain disturbed and violent patients who have been refused hospital admission.

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ERRATUM

In the paper by Drs J. Mendlewicz, P. Linkowski and J. A. Reese (*Journal*, February 1980, **136**, 154–60) Tables IV and VII include Dothiepin only.

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