

logical overarousal reactions, such as cardiovascular irregularities, panic and anxiety disorders (Gold & Pottash, 1981).

The LC alpha adrenergic-blocking properties of clonidine are thought to account for this drug's usefulness in treating such disorders as hypertension, panic disorder and drug withdrawal. It is therefore intriguing that, as Bleich *et al* point out, and as has been reported by others (e.g. Borison *et al*, 1979; Cohen *et al*, 1980), clonidine is effective in the treatment of some TS patients. If, as Bleich *et al* suggest, disorders like TS, which involve compulsive thought and action, are due to abnormalities in brainstem catecholamine systems (which, in part, renders them sensitive to clonidine), then the recurring sensory tension-motoric release experiences reported in some TS patients could be seen as actual brief withdrawal episodes in a rapidly-cycling auto-addiction syndrome. For those who study and treat both drug addiction and compulsive neurobehavioural disorders, this possibility deserves further examination.

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What Price Psychotherapy?

DEAR SIR,

An exchange of views between Professor Shepherd and ourselves in the *Journal* columns may be useful in bringing the debate about the effectiveness of psychotherapy to the fore but is unlikely to facilitate progress in determining how the issue should best be tackled in terms of evaluating existing knowledge and conducting research in the future. Lambert and I (*Journal*, January 1985, **146**, 96–98) remain persuaded that the views we expressed in our rejoinder to Professor Shepherd (*British Medical Journal*,

1984, **288**, 809–810) are valid. Professor Shepherd no doubt will stick to his guns.

Perhaps the most constructive next step to take is one we seem to agree about: Shepherd refers to the need for a “vigorous initiative on the part of the College” to examine the nature and role of psychotherapy (*Journal*, May 1985, **146**, 555–556); Lambert and I suggest that “psychotherapy requires an unswerving commitment to its intelligent and rigorous study as well as the exploration of new paradigms for research”. Shepherd feels that the appraisal should not be left to the psychotherapist alone; we indicate that psychiatrists *generally* can “play a crucial, constructive role”.

Would it therefore not be reasonable and timely for the College to launch an objective, scientific study of the current status of psychotherapy and of future research options? The Australian and New Zealand College of Psychiatrists has demonstrated through its Quality Assurance Project (see for example the *Australian and New Zealand Journal of Psychiatry*, 1983, **17**, 129–146) that such a project is both feasible and worthwhile.

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Transcultural Psychiatry

DEAR SIR,

Apropos of Roland Littlewood's passionate plea (*Journal*, July 1985, **147**, 93) for closer examination of the exotic phenomena beloved by transcultural psychiatrists, I was amused by the following entries on the subject of *whitigo* (*windigo*) in the latest edition of *Comprehensive (sic) Textbook of Psychiatry IV* (Kaplan & Sadock, 1985):

Having treated “a sizeable number of Cree Indians” without ever encountering a patient presenting with *whitigo*, H. E. Lehmann (Vol. II, 1235) considers the disorder to have become “extremely rare . . . if it exists at all. In the most comprehensive review (not cited) of this condition, one author in 1961 collected some 70 cases from Canada.” A. R. Favazza (Vol. I, 258), however, concludes from “a thorough review” (again not cited) that since “no case of *windigo* psychosis has ever been observed by an anthropologist or psychiatrist . . . it is extremely unlikely that (any) has ever existed”!

Davis (1983), on the other hand, has gathered fascinating laboratory evidence that, together with fieldwork and existing medical literature, argues strongly for an “ethnopharmacological basis” to the zombi phenomenon. Analysis of the potions