

conduct a national enquiry of clinic practice in this area and contract to set up some general guidelines as to future practice.

R. P. SNAITH (Psychiatry)
D. R. BROMHAM (Endocrinology)
J. DONNELLY (Speech therapy)
P. H. SMITH (Surgery)

Gender Identity Clinic
St James' University Hospital
Leeds LS9 7TF

References

- ABRAMOWITZ, S. I. (1986) Psychosocial outcomes of sex reassignment surgery. *Journal of Consulting and Clinical Psychology*, **54**, 183–189.
- SNAITH, R. P. (1987) Gender reassignment today. *British Medical Journal*, **295**, 454.
- (1990) Transsexuality. *Journal of the Royal Society of Medicine*, **83**, 125.

Carbamazepine in alcohol withdrawal

SIR: The article by Glue & Nutt (*Journal*, October 1990, **157**, 481–490) on overexcitement and disinhibition was both interesting and informative. It did however omit a discussion of carbamazepine in the treatment section.

Carbamazepine has been shown in a controlled trial (Malcom *et al*, 1989) to be of equal efficacy to oxazepam in reducing the symptoms of alcohol withdrawal. The authors postulated that this was due to its 'antikindling' effects, although its action on presynaptic adenosine receptors may also be important (Durcan & Morgan, 1990). In addition, with an increasing emphasis on out-patient detoxification programmes (Collins *et al*, 1990), carbamazepine has the advantage of a low potential for abuse or dependency.

C. G. BALLARD
R. N. C. MOHAN
S. HANDY

Department of Psychiatry
Walsgrave Hospital
Coventry CV2 2DX

References

- COLLINS, M. N., BURNS T., VAN DEN BERK, A. H., *et al* (1990) A structural programme for out-patient alcohol detoxification. *British Journal of Psychiatry*, **156**, 871–874.
- DURCAN, M. J. & MORGAN, P. F. (1990) The prospective role for adenosine and adenosinergic systems in psychiatric disorders. *Psychological Medicine*, **20**, 475–486.
- MALCOM, R., BALLINGER, J. C., STURGIS, E. T., *et al* (1989) A double-blind trial comparing carbamazepine to oxazepam in the treatment of alcohol withdrawal. *American Journal of Psychiatry*, **146**, 617–621.

Culture as a confounding variable?

SIR: In their study of thought disorder in schizophrenics, manic-depressives and major depressives, Cutting & Murphy (*Journal*, September 1990, **157**, 355–358) were careful to compare their groups for IQ, age, sex and attentional factors. The study involved a judgement of the subjects' answers to multiple choice questions regarding social knowledge about their culture and general knowledge about the state of the world. It is a shame that the care taken to examine psychological differences is not matched by an equal care to examine social differences between the groups.

The important influence of culture in psychiatry is increasingly recognised and debated (see Leff, 1990; Littlewood, 1990). No mention is made in Drs Cutting & Murphy's study of the cultural background of the groups. This will surely have considerable influence on their judgement of a subject's knowledge of his or her own culture! If this questionnaire is to be of general use its validity across different cultures should be tested.

The difficulty in deciding which are social factors is demonstrated by the *post hoc* change of category of one question. From the 'non-social' category the answer to the question, 'What is the age of the oldest person in Britain?' will surely be influenced by the social experience of the respondent. If they come from a Nepalese culture this will be of a less elderly population than a respondent from another culture. The influences of culture must not be overlooked.

JONATHAN EVANS

Department of Psychiatry
Charing Cross Hospital
Fulham Palace Road
London W6 8RF

References

- LEFF, J. (1990) The new cross-cultural psychiatry: a case of the baby and the bathwater? *British Journal of Psychiatry*, **156**, 305–307.
- LITTLEWOOD, R. (1990) From categories to contexts: a decade of the new cross-cultural psychiatry. *British Journal of Psychiatry*, **156**, 308–327.

Buspirone in detoxification

SIR: I wish to comment on Ashton *et al*'s study (*Journal*, August 1990, **157**, 232–238).

The practice of prescribing additional drugs to aid detoxification in drug-dependent individuals is a controversial issue. The addition of one anxiolytic agent (buspirone) to aid withdrawal from another anxiolytic agent (diazepam) appears contradictory, especially when buspirone's data sheet specifically