

Dystonic reaction (forcible protrusion of the tongue) of over six months' duration successfully treated with Benzhexol

DEAR SIRs

A thirty-year-old woman with mild mental sub-normality and classical Schneiderian symptoms of schizophrenia was referred in August 1984. She also presented with a protruding oedematous and inflamed tongue which she was unable to keep within her mouth for long.

The patient's relatives indicated that she had been under the care of a traditional healer who had administered a herbal extract (probably *Rauwolfia Serpentina*) to her. This appeared to have caused the protrusion of her tongue, which had lasted for over six months.

Within three months her tongue protrusion had responded to a course of benzhexol 5 mg thrice daily gradually increasing to 10 mg thrice daily. In addition, she

received a week's course of Chymoral (a proteolytic enzyme with strong anti-inflammatory effect) tablets—2 tds and ascorbic acid 200 mg tds for two weeks. Her psychosis was controlled with chlorpromazine and haloperidol, 100 mg tds and 5 mg bd respectively.

I am not aware of any report of such a protracted case of drug-induced tongue protrusion. The successful treatment of this case indicates that anti-cholinergic drugs such as benzhexol given in high doses would resolve this condition irrespective of its duration. This case may be of interest to colleagues in developing countries where a vast majority of mental patients are first seen by traditional herbalists and may present at hospitals with complications arising from herbs administered.

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Reviews

Guidelines for Investigating Alcohol Problems and Developing Appropriate Responses by Irving Rootman and Joy Moser. WHO Offset Publication No 81. WHO, Geneva. 1984. Pp 120

In 1976, the World Health Organisation set up a project entitled 'Community Response to Alcohol Related Problems'. The countries involved, or at least giving support, included the United States, Mexico, the United Kingdom and Zambia. The United Kingdom was represented by Scotland. The aim was 'to develop approaches for co-ordinated research and action, concerning alcohol-related problems and responses to them in communities with different socio-cultural settings.'

This document appears to be guidelines that emerged during this project, both in terms of methods of investigation of alcohol problems and also the development of responses, and it was felt that these guidelines would be of wider interest than in the countries mentioned above, i.e. they would have value in other countries. It was also claimed that the document would be aimed primarily towards developing countries. Such a 'document' should be practical, well referenced and simple to use.

In essence, therefore, this document is meant to act as a guideline for workers in the field, in a variety of countries.

It is stated that in developing such a project, there are various stages of development. These include the initiation of a project, detailed planning, methods of gathering information, methods of improving existing responses to alcohol problems and the monitoring and assessment of such responses. Finally, there should be a willingness to constantly adjust such responses. These stages are usefully summarized in diagrammatic form, and in relation to the last three stages, it is emphasized that one has to differentiate between developments at local and at a national level. They also stress two further principles. Firstly, 'there should be an integral relationship between

research and action, neither one proceeding in the absence of the other'; and secondly, 'community participation is critical in all stages of the project described.'

Six different methods are used and described in detail in separate annexes to the report in detailed planning. These include: methods of collating existing information; key informant studies (where key people in the community are asked for information about alcohol-related problems); observational studies (where direct observational studies are made of drinking patterns, etc); general and specific population studies; and the use of reporting systems. The latter seems a recent development and is described as 'an information system based on reports admitted to a central body, using a systematic reporting procedure'; an example of this would presumably be something akin to the existing systems of reporting drug addicts to the Home Office by clinicians. In the annexes each of these six methods of obtaining information are extensively and critically reviewed, with the advantages and disadvantages of each method examined. This is also usefully shown in tabular form.

Having initially examined methods of investigating alcohol problems, the remainder of the report examines methods of improving responses to alcohol problems, distinguishing between action at local level and at national level. Action at local level obviously involves control of availability, public education, provision of alternative forms of recreation and methods to help those individuals locally who are identified as having drinking problems. The techniques suggested include, perhaps inevitably, the idea of an alcohol problem team in the community, but also the use of primary health care workers.

In relation to action at national level, this again relates to national reductions in supply and reduction in demand, and also the management of people identified with alcohol-related problems.