

noted that he had seen Mr PG on previous occasions when he used to bring his father to the author's office. His father suffered from depression. During the sessions with his father, Mr PG was noted to be calm and caring but controlled.

However, when Mr PG presented himself as a patient, he complained of the following symptoms:

- (a) Pain at the base of his neck
- (b) Periodic panic attacks
- (c) Hypertension for which no cause has been found
- (d) Other somatic symptoms for which multiple investigations have been done.

He made little progress after several sessions of psychotherapy. The author discussed with him the possibility of participation at the REST clinic at the University of British Columbia for the treatment of hypertension. Mr PG was most interested and subsequently discussed the matter with his family doctor. Appropriate referral to the REST clinic was made.

Two months later, Mr PG came to see the author and told him that he had completed a 24-hour programme in the REST chamber. He described his experience at the REST chamber with enthusiasm. He told the author that since he participated in the programme, his lifestyle had changed. Mr PG appeared relaxed and happy with his life in Canada. (He used to complain about harshness of Canadian life as compared to his experience in India.) He used to ruminate bitterly about his commitment to support all of his siblings in accordance with Indian tradition, since he was the eldest son. It was obvious that there had been a change in Mr PG's attitude. He was no longer complaining of somatic symptoms and apparently his blood pressure had returned to normal. He was not using any medication.

It is not clear at this stage whether the REST programme is effective in the treatment of essential hypertension. It is clear, however, that the programme is useful in a number of psychiatric conditions particularly those which fall into the category of psychosomatic disorder. The treatment technique does not require the use of any medication and it is simple to administer.

REST drew the author's attention when he observed how successful the technique was in helping people give up smoking. Individuals not only gave up smoking, they also gave up some of their negative attitudes.

REST is a simple technique. It is harmless, and cheaper than many of the non-drug therapies available today. It is capable of inducing deep relaxation in a shorter time-span than meditation. It can be used as an adjunct to psychotherapy. The author hopes that medical practitioners, psychiatrists and others will give some serious attention to this unique therapeutic tool.

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Is oncogene activity involved in the alcohol withdrawal syndrome?

SIR: In the single episode paradigm for alcohol intoxication and withdrawal there is a symmetrical relationship between severity and duration of intoxication on one side and the degree of physical dependence (the withdrawal reaction) on the other (Majchrowicz, 1975). Accordingly, the adaptation-rebound hyperactivity concept has been the main lead in investigations of alcohol withdrawal reactions (Kalant *et al*, 1971). In clinical reality, however, withdrawal reactions progress from physical withdrawal to overt psychosis and seizures during a 5–15 year period (Ballenger & Post, 1978), and this progressive nature of the neuroexcitatory state of alcohol withdrawal has been confirmed in animals. This seriously challenges the adaptation-hyperreactivity concept as an exhaustive theory for alcohol withdrawal. Also the insufficiency of that concept is highlighted by the fact that none of the changes in CNS-modulatory systems or mechanisms so far investigated (inhibitory and excitatory neurotransmitters, neuroreceptors, enzyme activity, energy metabolism, membrane phospholipid configuration or synaptic structure) are able to explain a long standing non-structural, inextinguishable hyperreactivity that remains unaffected by intervals of non-intoxication and non-withdrawal (Lipowski, 1990). Currently, a specific hypothesis is needed to explain how CNS-hyperreactivity can progress in extension and severity over long time periods without leaving circumscribed structural lesions. How does the alcoholic brain 'remember' that it has an altered capacity to express excitation? Logically, this can be explained by an aberration of genome expression. In mature neurons of the CNS, oncogenes cannot express themselves by mitogenous

effects. As a working hypothesis the long-term aggravation of the alcohol withdrawal response in the CNS is a non-mitogenic expression of oncogene activity in the neurons elicited by recurrent intoxication and/or withdrawal episodes. At the biochemical level, such a hypothesis may again receive support from reports indicating that oncogenes in normal neurons modulate several basic physiological processes essential to neuroexcitability and including receptors, neuropeptides, neurotransmitters, cellular second-messenger systems and calcium metabolism (Leach, 1991).

According to this hypothesis, the fully developed alcohol withdrawal syndrome is not an expression of physical dependence *per se*, but the result of an aberrant encoding of neuronal 'memory for excitability' extended gradually throughout large populations of neurons. Such an extended 'neuronal conversion' to a deviant potential for excitation/synaptic efficacy may come about by the activation of some of the basic mechanisms that determine differentiation and extension of neuroexcitatory characteristics in functional systems of the brain.

This theory is open to investigation both in man and in experimental animals when coupling regional measurements of oncogene activity with cognitive/behavioural testing.

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Politically motivated suicides

SIR: Among various types of suicide described by Durkheim (1952) anomic is the one closely related to the political state of the country. In India, dowry-

related self-immolations have been well known (Rao *et al*, 1989). In their sample of 100 female burns cases, they reported that the age group of their subjects was 15–40 and the common causes of suicide by burns included marital problems and interpersonal difficulties with other family members. Contrary to other reports, only 16% of their sample showed evidence of psychiatric disorders. The ratio of attempters to completers by this method was 1:23 – a reversal of the one noticed in other reports. Burns have largely been reported from younger females.

On a recent visit to India, I was able to observe the media reports of suicide. Following the declaration by the then Prime Minister to reserve an increased proportion of jobs for the lower castes, the students, frightened of not being able to get jobs, took to the streets. On 19 September 1990, a 20-year-old male student set himself on fire in the presence of mass media. Tempers were running high because even after a nine-day hunger strike (another very Indian political tool) the students believed their cause had not received adequate attention. In frustration, the students came up with the idea of self-immolation. The night before, this student called home to say "we are staging a drama" (Kalra, 1990). This incident made the front page of every newspaper and set off a chain reaction of unprecedented self-immolation attempts. In addition, students took overdoses, cut their throats and ingested pesticide.

During one week, 55 suicides and 23 suicide attempts were reported. Of these, 46 were males. The commonest method was self-immolation, in 31 cases, followed by overdoses in 29, and hanging in four cases. The age range was from 12 to 28. However, one 68-year-old man killed himself in sympathy with the youngsters. At least one 14-year-old female alleged that she had been set on fire, but the police later withdrew this claim.

Suicide by self-immolation is often one way of political protest. This method of suicide has been reported from India. However, this was the first epidemic of suicide which involved men and public self-immolation. The suicide notes that were reported in the press often blamed the Prime Minister and the authorities. This rash of suicides does not represent any psychiatric pattern but more of a socio-political one. It could be argued that the series is a consequence of the state of anomie in the country reflecting a political decision taken by the Prime Minister without consultation with a broader population. A private act of suicide was thus turned into a public one. At least one student reportedly asked whether she had appeared on the TV or not. In spite of the psychiatrists' appeal to the media to dampen their coverage in order to dissuade others from killing