

DAYTIME ENURESIS

DEAR SIR,

In his excellent review, 'Child Psychiatry and Enuresis' (*Journal*, September, 1981, 139, 247-8), Dr Berg mentions the use of tricyclic antidepressant medication in the treatment of nocturnal enuresis. He states, "No effective method of treating daytime wetting has so far been found".

While having no formal case series to offer, we have the strong clinical impression that in many patients, medication such as imipramine or the triprolidine/pseudoephedrine combination ('Actifed') may be helpful in diurnal, as well as nocturnal, enuresis. α -adrenergic agonist activity increases bladder neck tone, and accommodation of the bladder wall is facilitated by anticholinergic action, resulting in increased capacity. The antispasmodic oxybutynin may also reduce the incidence of enuresis by increasing capacity and by reducing the sensitivity of the bladder mucosa by local action.

We find that imipramine is generally better tolerated by children. While none of these drugs can be expected to induce a change which will persist significantly beyond the period of prescription, reduction in the frequency of enuresis may make for striking advantages in the social acceptability and management of daytime enuretics, whether they be children, the mentally or physically handicapped, or geriatric patients.

JOHN L. BARTON
J. RUSSELL FELKER

*Saint Francis Mental Health Center,
211 St Francis Drive,
Cape Girardeau,
Missouri 63701, USA*

THE CONCEPT OF SOMATIC ANXIETY

DEAR SIR,

Dr Hallstrom and his colleagues (*Journal*, November, 1981, 139, 417-21) could have carried out a valuable study in assessing the comparative value of diazepam, propranolol and their combined use in the treatment of anxiety. They express some surprise that somatic anxiety (as measured by the somatic factor derived from the Hamilton Rating Scale for Anxiety) showed no response to propranolol despite previous evidence that somatic anxiety specifically responded to beta-blocking therapy. Their findings do not necessarily disagree with earlier ones because they are using a different concept of somatic anxiety.

In our paper it was emphasised that the patients with somatic anxiety "did not necessarily have more somatic symptoms than those in the psychic anxiety group, but they complained of them primarily and tended to deny the psychological aspects of their

condition" (Tyrer and Lader, 1974). The notion of anxiety being conceptualized from the standpoint of personal cognition is amplified elsewhere (Tyrer, 1973, 1976) and is not an easy one to rate quantitatively. Perhaps it would be more appropriate to name the types somatosthenic and psychasthenic anxiety so as to emphasise the mediating influence of cognition. If the simple system of combining somatic symptoms is taken as somatic anxiety it will tend to correlate highly with psychic anxiety, particularly when anxiety levels are high, and is not a good indicator of response to beta-blockade. Not all patients with somatosthenic anxiety have marked somatic symptoms or high levels of physiological arousal and their somatic preoccupation is such that they often tend to be classified in the hypochondriacal group disorders. We have previously shown that one reason for their emphasis on somatic symptoms might be heightened awareness of physiological function (Tyrer, Lee and Alexander, 1980) although there are also other factors involved.

P. J. TYRER

*Mapperley Hospital,
Porchester Road,
Mapperley, Nottingham NG3 6AA*

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ALCOHOLISM IN IRAQ

DEAR SIR,

Despite religious and social taboos alcoholism is increasing as a public health problem in Iraq. This has been reported in our journals (Maghazaji, 1976) but not previously abroad.

A special treatment unit for alcoholism has been established in a psychiatric hospital in Baghdad and alcoholics are also admitted to neuropsychiatric and medical departments of The Medical City teaching hospital.

We describe 50 consecutive patients with alcohol-related conditions admitted to the teaching hospital in 20 months of 1979 and 1980. All the patients were males, and 44 were between 31 and 50 years of age. Forty were married, 8 single, and 2 divorced. There was a preponderance of middle social class occupations, and two-thirds had deteriorated in their

working capacity, taking more humble jobs or becoming unemployed.

The most typical pattern of drinking history was that the patients started in early adult life, gradually drinking more regularly and changing to stronger drinks (Arak is much favoured, at 30–35 per cent alcohol). Depression and anxiety were common as was impotence in the married (18 cases) and increasing jealousy seriously impairing the marriage (16 cases). Thirty-eight patients had had morning tremor, 26 blackouts, 7 convulsions, and 14 attacks of delirium tremens. Six had cognitive disorders associated with dementia or the Korsakov or Wernicke syndromes.

Thirty-two patients complained of gastro-intestinal symptoms, in 13 of which these had been the reason for admission. Seventeen had numbness and paraesthesiae in their limbs but only 9 had neurological signs suggestive of peripheral neuropathy. The serum alkaline phosphatase and glutamic pyruvic transaminase were raised in ten patients.

We treated the patients in hospital for two to four weeks with vitamins and decreasing doses of benzodiazepines. There were extensive interviews with patients and their wives, to assess personality and other psychiatric problems, and to discuss, emphasise and

plan for the goal of total abstinence. A few days before discharge they were offered disulfiram to help strengthen their abstinence. All the patients were given appointments for follow up, but only eight were seen again, after relapses into heavy drinking.

Alcoholism with problems and complications similar to those long found in Western countries is thus now increasing in a Moslem country which is undergoing much social change. We are not yet seeing alcoholism in women, and the tenacious traditional sex roles may be responsible for the good survival of many of our patients' marriages: wives are expected to care for wayward husbands indefinitely. We suspect that treatment here will be attended by similar difficulties to those encountered by our colleagues in other countries.

HAIDER I. MAGHAZAJI
ZIAD A. ZAIDAN

*Department of Neuropsychiatry,
Medical College, Baghdad University*

Reference

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Book Reviews

The Psychoanalytic Vision: A Controversial Re-appraisal of the Freudian Revolution. By REUBEN FINE. New York: The Free Press. 1981. Pp 577. \$19.95.

"The main purpose of this book", the author tells us, "has been to spell out the revolutionary implications of psychoanalysis for man's welfare. This is what I call the psychoanalytic vision".

After a brief historical introduction, he gives us the essentials of what he calls "mainstream psychoanalysis". This appears to be a statement of Freud's later position, shorn of all references to physiology and metapsychology, but extended so as to emphasise 'the family orientation' of psychoanalysis, and its view that "in order to be happy a human being has to find his place within some social order".

Now the vision that the psychology of psychoanalysis offers us contrasts sharply, Fine argues, with the vision of experimental psychology. The latter has to be rejected, since it makes a "basic error". It assumes "that man is rational and conscious and subject to control by powerful external forces and hence that it is the business of psychology to uncover

what these powerful forces are". Experimental psychology leaves "totally unrecognized the psychoanalytic discovery that while these powerful external forces may at times exist, in many cases man is irrational, unconscious and governed by powerful internal forces". From this failure comes "the large scale error" of behaviourism. In reality, the truth is that "the core of normal psychology" is psychoanalysis.

The vision which psychoanalysis gives us, Fine continues, also contrasts sharply with that coming from "organic psychiatry". By this expression Fine seems to be referring to all psychiatry in the Kraepelinian tradition. This is 'organic' in the sense, apparently, that it is committed to the view that "all mental and emotional illness is basically organic and that adequate research will sooner or later show what the organic causes are". Fine appears to reject this view as quite false, but his reasons for so doing are not clear to me. He criticises the Kraepelinian tradition on lines that are very like the case which the "anti-psychiatrists" have given us in recent years. Psychiatry, he says, "has always been wrong in its theoretical