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DEAR SIR,

In the letter on the above subject from Dr. Haroon Ahmed I was surprised to note his complaint that the administration of a 1 per cent. solution of methohexitone causes intense pain along the course of the injection site. I have been successfully using this technique for 18 months in the desensitization of phobias, and have no difficulty whatever from this cause.

A search through the literature reveals that this is the general experience. Coleman and Green (1960) state "some 50 per cent. of unpremedicated patients were aware of some sensation along the course of the injected vein. In a few instances this awareness would seem to indicate pain, but as this sensation is not recollected in the post-operative period nor associated with phlebitis it is of no significance." However, Barron and Dundee (1961) reporting on a series of over 600 administrations, state specifically that they received no complaints of pain on injection. This seems to have been the experience of the majority of workers with this drug. The fact that there are so few reports of injection pain would seem to be evidence that it is not generally a side-effect of consequence.

Rowlands (1968) recently reported that in his experience pain or discomfort with Brietal Sodium occurs very much less frequently when the drug is administered fairly quickly. He found that only 8 out of 852 patients (1 per cent.) complained of pain when the injection was given at a rate of 1 ml. every 2–2½ seconds. When the drug was administered slowly, it was found that 14 out of 285 patients (5 per cent.) complained of pain. These differences were subsequently significant ($p < 0.01$).

The manufacturers of the drug have also stated that experience has indicated that reports of injection pain are much more likely to appear when the methohexitone solution is injected into the back of the hand rather than into the antecubital fossa. Presumably in a small vein the solution does not become diluted with blood quite so rapidly.

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DELUSIONS OF WITCHCRAFT: A CROSS-CULTURAL STUDY

DEAR SIR,

In their interesting study, Drs. Risso and Böker (*Journal*, August, 1968, p. 963) seem to have fallen into the same error that Kanner (1959) ascribed to Freud. In the second paragraph of their reported paper, in discussing the difficulties met by those facing a new culture, they write: "This gives rise to misunderstandings and difficulties in adaptation, which *may lead* to a psychiatric disorder" [italics not in original, as also in the following quotation]. In the next paragraph we have the jump, unproved, from the *posse* to the *esse*: "In all eleven patients psychodynamic interpretation *showed* that experience with foreign women *had caused* psychological problems. . . ."

Witchcraft studies, in addition to illustrating the mental mechanisms propounded by Freud from dream work and psychotic material, also contain clues on drugs which influence, directly or indirectly, states of mind. The recognition of and reference to drugs is noted, the authors speaking of: "substances . . . which can cause severe generalized toxic phenomena, so that a supposed love potion is merely a pseudonym for a dangerous poisonous drink." Yet in this and in a subsequent instance they focus on psychopathology exclusively: "the patients did not distinguish between a death potion and a love potion."

This distinction must have been difficult apart from the psychopathology of disturbed patients. When the standardization of drugs did not exist and the power of new potions could only be guessed at or tried by unethical biological assay, there must often have been real difficulties for the sorcerers and fatalities amongst their clients. The determination of whether a dosage of new philtre would produce love feelings or would rob an individual of all feelings must have been a problem.

The attitude of the doctor on the efficacy of drugs is widely recognized and is sometimes labelled "placebo effect". It may be that, apart from suggestion, some drugs are active in a particular state of mind. Professor Webster, in a lecture in Birmingham, gave his opinion that some of the despised abortifacients were indeed active because of the mental state of the clients. Ironically, when scientific trials are

introduced, drugs may lose their psychological adjuvants. Double-blind trials may be basic science and make sense in physiological assays, but this might render them quite unscientific in the different circumstances of psychological medicine. Hart (1909) warned against the danger of confusing phenomena and concepts, and of the equal danger of passing from one field of science to another without taking account of such passage.

An important early contribution by Freud was the focus on the individual and his own experiences and interpretations of his life history. This has to a large extent been submerged in the universality of application of the various complexes. No account of cultural patterns can really supplant a clinical anamnesis. Psychogenic factors are individually weighted.

In the story from Salerno it would seem essential to define when one is dealing with a patient's views and beliefs (so called "psychic reality", which may or may not be more compelling than social reality) and when one is dealing with the more generally shared experiences of the senses. We are presented with a story (by a disturbed individual having odd ideas during mental illness, as well as odd ideas during her normal, socially adjusted life) of a young man who suffered from disturbed behaviour and transient anhidrosis. Like the "blue flame" of the witches' candles (Barnett, 1965) there is a reality fact which must be dealt with first—on the reality level—a further reminder of Hart's contention. The combination of anhidrosis and disturbed behaviour is

strongly suggestive of drugs. The use of solanaceae is mentioned in the article, but the possibility of this story as an example of intoxication seems to have escaped the authors.

Finally, may one make a plea that terms like "delusions of witchcraft" should either be qualified or, like drugs, best avoided. This term has been used to daub the Middle Ages and some of the keenest brains of the period with associations of psychotic qualities. It is a term which too readily allows the jump from historical and social phenomena to concepts of psychopathology, giving the latter a spurious validity. Views, however mistaken, shared by a community wherein adherence to these beliefs identifies the individual with the group cannot be designated by the same term as instances where an individual's beliefs alienate him from his group, his biological and social functioning, and are a sign of such alienation.

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