

References

- DEAKIN, J. F. W., SLATER, P., SIMPSON, M. D. C., *et al* (1989) Frontal cortical and left temporal glutamate dysfunction in schizophrenia. *Journal of Neurochemistry*, **52**, 1781–1786.
- SCHETZMAN, H., NAHMAS, C., GARNETT, S., *et al* (1988) Effect of neuroleptics on altered cerebral glucose metabolism in schizophrenia. *Archives of General Psychiatry*, **45**, 523–532.
- TORU, M., WATANABE, S., SHIBUYA, H., *et al* (1988) Neurotransmitters, receptors and neuropeptides in post-mortem brains of chronic schizophrenic patients. *Acta Psychiatrica Scandinavica*, **78**, 121–137.

The prescribing debate (continued)

SIR: In my previous letter (*Journal*, October 1989, **155**, 566), I had hoped, as requested, to stimulate debate and articles such as Fleming's (1990) in the *Bulletin*. Since Johns (*Journal*, January 1990, **156**, 129) went to the trouble of reading my two references, he may have noted that the first referred to *empirical experiments* (e.g. Stimson *et al*, 1978; Vaillant, 1984). These, replicated more widely and collated by Schneider (1988), show that no external agency expedites the ending of addiction, not even life-events (Sobell, 1990). However, there is evidence that prescribing reduces the harm done to addicts and others and reduces the incidence of addiction, i.e. is preventative (see Marks, 1990).

The second reference was not my "restated well known view", but the balanced and considered opinion of the Editor of the *Lancet*. Dr Johns might also reflect on the fact that there is *no* evidence that *not* prescribing is helpful. Indeed, such evidence as we have (the British System 1920–1960 versus the prohibition 1960–1990) suggests the opposite. I merely

suggest experiments: our experiment in Widnes reduced drug-taking and stopped AIDS. None of our injectors, all of whom have been tested, are infected. London's policy of restricting prescribing has seen a rise in HIV infection *and* drugtaking. The onus is on Dr Johns and his colleagues to refute (or replicate!) our findings.

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References

- FLEMING, P. M. (1990) On Dutch drug policy. *Bulletin of Royal College of Psychiatrists*, **14**, 161–162.
- MARKS, J. A. (1990) The practice of controlled availability. In *Proceedings of the Fifth International Conference on Treatment of Addictive Behaviours (ICTAB-5)* (ed. N. Heather, W. R. Miller & J. G. Greeley). Sydney: Pergamon Press.
- SCHNEIDER, W. (1988) Zur Frage Von Ausstiegsschanzen und Selbstheilung Bei Opiatabhängigkeit. *Suchtgefahren*, **34**, 472–490.
- SOBELL, L. C. (1990) The aftermath of heresy: drinking and life events. In *Proceedings of the Fifth International Conference on Treatment of Addictive Behaviours (ICTAB-5)* (ed. N. Heather, W. R. Miller & J. G. Greeley). Sydney: Pergamon Press.
- STIMSON, G. V., OPPENHEIMER, E., THORLEY, A. (1978) Seven year follow-up of heroin addicts. *British Medical Journal*, *i*, 11–90.
- VAILLANT, G. E. (1984) *The Natural History of Addiction*. Dent Memorial Lecture, Centennial Symposium of the Society for the Study of Addiction. London: Audio-Stat.

CORRIGENDUM

Journal, July 1990, **157**, 25–33 (G. Thornicroft). The last sentence in the penultimate paragraph on page 32 should read "Finally, when ethically acceptable . . .".

A HUNDRED YEARS AGO

The treatment of alcoholism by strychnine

Dr Pombrak, writing in the *Meditinskoe Obozrenie* on alcoholism, describes seven cases treated by hypodermic injections of strychnine—a method that seems especially in favour in Russia, where, however, it must be remembered that drunkenness presents as a rule in forms somewhat different from those prevalent in this country. Dr Pombrak found strychnine a very valuable remedy, both in cases of chronic alcoholism and in those of dipsomania, not merely curing the attacks, but abolishing the desire for drink. Even attacks of delirium tremens were

influenced beneficially. The treatment must be carried out in a systematic manner, and must frequently be kept up for a very considerable period. As to the dose, Dr Pombrak in cases of moderate severity commenced with one-thirtieth of a grain, in more serious ones with one-fifteenth. He found that while the treatment was being carried out there was no necessity to order the patients to abstain from the use of spirits, as they always did so of their own accord.

Reference

Lancet, 3 May 1890, 980.

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