her chaotic life and improve the relationship with her daughter.

In Munchausen's syndrome by proxy the children do not have a good prognosis, especially if the parents themselves suffer from Munchausen's syndrome. Markantonakis & Lee (1988) suggested a central register of Munchausen's syndrome patients which could prove to be a cost-saving exercise (Jones, 1988). I would like to suggest the same for Munchausen's syndrome by proxy, as this may be a way of alerting clinicians in different parts of the country which would lead to early recognition of the problem.

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Sorcery and psychiatry

SIR: Keshevan *et al* (*Journal*, February 1989, **154**, 218–220) describe how psychiatric illness is attributed to sorcery in the predominantly Hindu culture of southern India.

In our child psychiatry practice among Moslem Bangladeshi clients we found a similar pattern. A wide variety of physical and emotional disorders are thought to be caused by sorcery. This can be of two types: *Kunni*, when someone who envies their victim casts a spell; and *Ufri*, when a chance circumstance caused by somebody leaving the house causes possession. Bhattacharyya (1986) describes a similar pattern in Hindu Bengal. In Bangladesh, clients consult a local religious healer, a Mullah, as well as practitioners of western medicine. He may use hair or leaves to create an alternative spell to counteract the initial spell or possession. Alternatively, he may treat the patient with an amulet containing verses from the Koran to be worn round the neck or arm, or give the patient holy water or holy mustard oil over which Koranic verses may have been read or into which paper with Koranic verses on may have been dipped.

The commonest symptoms which we found described to sorcery are conversion disorders or psychosomatic symptoms.

Case report: An 11-year-old Bangladeshi girl who had spent all her life in England had been given an injection at the age of 5, and following this the family described a personality change in which she became much more shy. The Mullah suggested she had been possessed, and she had been given holy water to drink. She was diagnosed as having epilepsy at the age of 9 and had both grand and petit mal fits which were controlled with sodium valproate.

Her sister had died in Bangladesh at the age of 11 after a 2-year illness characterised by odd behaviour. The father's side of the family accused her mother and uncle of casting a spell on her, but the mother thought that the illness had been caused by her standing under a tree at an inauspicious time.

The patient was a shy girl who had been teased about her fits at primary school. A few weeks after starting secondary schooling at a large comprehensive school she had a "florid fit" and did not return to school that term. The paediatrician thought that her frequent fits were hysterical, and referred her to a psychiatrist.

She was having attacks in which for no apparent reason she would look scared and thrash around. Sometimes she would attack the younger children in the house, trying to strangle them or try to pick up a knife, or at other times she would try to bite people. When she came out of the 'fits' she would cry a lot and say she "hurt everywhere". Her mother thought that she had been possessed by going outside alone during the school lunch hour and sitting on the grass. They were concerned that she would die like her older sister. They had consulted a Mullah, who had given her holy water to drink.

In addition to the stress of starting a new school, she was missing her father. He had gone to Bangladesh just prior to the onset of these attacks. He was staying with his mother who was dying and had no plans to return to England. The family had housing problems and their son was in trouble with the police.

The family were reassured both by the paediatrician and by the psychiatrist that the fits were not epileptic. They knew that the fits were precipitated by situations where she felt stressed. For example, one of the attacks had occurred when she was talking about her sadness in her father's absence. The family followed the psychiatrist's advice and ignored the attacks. The attacks ceased when they were positively connoted as her way of trying to solve family problems in the absence of the head of the household and to provide a reason for him to return to England. She was slowly reintroduced to her school and had no fits there.

This family accepted the concepts of western medicine: they attended appointments punctiliously, followed the tasks set by the psychiatrists, and gave the patient her medication regularly. Her mother, however, also told us that the Mullah had told her that

her daughter had been possessed since she was 5 and that the possession had now got into her blood. Her mother therefore intended to give her holy water until she was totally well. One sign of her possession was the fact that she did not like learning the Koran and did not like having it read to her.

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Solvent abuse psychosis

SIR: Although much has been written about the consequences of solvent abuse, including associations with cerebral atrophy and cerebellar degeneration (Fornazzari *et al*, 1983), no discrete psychiatric syndromes have been associated with this habit. Claims of schizophreniform psychosis have been made (Alapin, 1973; Lewis *et al*, 1981), but these have been regarded as anecdotal (Ron, 1986). An increasing number of chronic solvent abusers are being seen in our hospital, all of them being native Canadians, and a pattern of psychiatric morbidity is emerging. We outline the details of one such case, and suggest that there is a specific psychiatric state which results from chronic inhalation of toluene-containing adhesive mixtures

Case report: Mr R, a twenty-year-old man, was brought to our hospital by the local police, having been found wandering on the highway near his home. At interview, he was noted to have adhesive on his face and his breath was tinged with acetone. Mental state examination revealed a considerable degree of disorientation and his thought content had marked paranoid features. Mr R admitted to hearing condemnatory voices, and he experienced religious-type visual hallucinations on occasion. A toxic confusional state was diagnosed and antipsychotic therapy was started.

Four weeks later, Mr R continues to display a fluctuating level of consciousness, and both auditory and visual hallucinations persist. He continues to have paranoid ideas about the staff, and displays marked irritability. There is no previous history of paranoia, and no family history of schizophrenia. Mr R has inhaled adhesive solvents for more than 7 years, and has done so at least five times per week on average.

This patient has a persistent paranoid psychosis with features of a toxic confusional state. We attribute this problem to a lengthy history of solvent abuse, and his symptoms have failed to respond to conventional antipsychotic medications. He is only one of a number of such patients in our hospital. Having compiled a series of them, certain definite features are emerging. Our findings suggest that prolonged solvent abuse can cause a protracted paranoid psychosis which is extremely slow to resolve. Our plan is to follow our series of patients to test the validity of the hypothesis that such paranoid states are directly attributable to solvent abuse.

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A HUNDRED YEARS AGO

Society for the study of inebriety

A general quarterly meeting was held in the rooms of the Medical Society last Tuesday, the President, Dr Norman Kerr, in the chair.

A paper on Inebriety among the Cultured and Educated Classes was read by Dr James Stewart, of Dunmurry, Sneyd-park, Clifton, who gave a *résumé* of observations based on twelve years' experience in the treatment of inebriates. Dr Stewart called special attention to the pathological condition of the cerebral tissue in inebriety, a loss of brain substance as real as the loss of a portion of a finger sliced off accidentally with a knife. Inebriety was a physical disease as clearly marked as many other diseases, and must, to be successfully treated, be dealt with in as scientific a manner as these other maladies. New and