antibody to hepatitis B_e antigen). Patients with Down's syndrome were 18 times more likely to be 'infectious' carriers than those without, and male patients were six times more likely to be 'infectious' carriers than female patients.

The carrier rate decreased with age, but the proportion of carriers who were hepatitis B_e antigen positive were unaffected by age (Clarke *et al*, 1984).

It is therefore very important that monitoring of the hospital and community population of the mentally handicapped for hepatitis B is maintained and that vaccination of patients and staff takes place when appropriate.

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Nurses' Attitudes to Psychiatry in a General Hospital

SIR: Liaison psychiatry and community care appear to be having a field-day in academic psychiatric circles. But to be practically successful the ideas must percolate through to the professionals we work with: physicians, nurses and para-medical staff. Their acceptance of such ideas will be determined by the attitudes they already have towards psychiatry and psychiatrists. Hence the necessity for further clarification of these attitudes.

Thirty-five trained general nurses (SRNs) were surveyed using an attitude questionnaire (Townsend, 1978). A control group of 35 age and sex-matched nurses just beginning their training was also studied. Although the sample consisted predominantly of women, over two-thirds felt that women are no more likely to develop mental disturbances than men. Nearly nine out of ten supported the belief that adult mental disturbances can be traced to emotional experiences in childhood. Almost half genuinely thought that most suicides occur because of rejection in love. After doing an eight-week placement in psychiatry in a DGH Unit with rapid turnover and no long-stay provision, about 1 in 5 still felt that few inmates of mental hospitals ever leave hospital.

Regarding the work of the psychiatrist, two-thirds felt that we should show patients where their ideas are incorrect. After having participated repeatedly in multi-disciplinary ward rounds, a fifth continued to feel that the main job of the psychiatrist was to recommend hobbies and other ways for patients to occupy their minds. Curiously enough, two-fifths of the control group felt that a good psychiatrist acts like a father to his patients. Four-fifths of the trained group disagreed with this.

It was clear from the responses that among these nurses, a dichotomous view concerning physical and mental illness persisted. Over four-fifths of trained nurses saw little role of physical causes in bringing about mental disorder. A similar proportion also denied the role of poor diet in any manifestations of mental instability. This viewpoint is potentially dangerous, since the possibility of the elderly deprived/mentally ill presenting the mental symptoms because of subclinical vitamin deficiency is greater in a general hospital setting.

At a social level, a third of the nurses denied mental health the status of an important national problem. About half also felt that psychiatrists almost always have difficulty in telling whether or not a patient's mental disorder was curable.

In spite of all the methodological pitfalls of a questionnaire study, one message is clear. The resistance and mistrust towards psychiatry and psychiatrists is only marginally different now from what it was in the past. The days of total community care are imminent, and yet some of our colleagues are not aware of what psychiatry has to offer. While a review of the psychiatric training of general nurses is needed, a careful re-appraisal as to our own behaviour merits study.

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Phensedyl Abuse

SIR: Interest in the abuse of ephedrine (Whitehouse & Duncan, *Journal*, February 1987, **150**, 258–261) and pseudoephedrine (Pugh & Howie, *Journal*, December 1986, **149**, 798) prompts me to report the occurrence of phensedyl abuse in a group of young men in a small country town (Midsomer Norton) and the treatment of an addict.

Phensedyl is a proprietary cough linctus available without prescription. Each 5 ml contains 7.2 mg of

ephedrine hydrochloride, 3.6 mg of promethazine hydrochloride, and 9 mg of codeine phosphate. There are no reports in the literature of dependence on phensedyl, although one can only echo the contention of Whitehouse & Duncan that abuse of substances containing ephedrine occurs unreported in the UK.

Case Report: A 31-year-old single man requested help in stopping drinking 2–3 bottles (200–300 ml) of Phensedyl per day. He had been drinking this for 11 years, along with about 10 friends, most of whom were still abusing it. He had also abused *Actified* and intravenous amphetamines, but was not currently doing either. He had been in prison for two short periods for stealing to pay for his habit and, although on both occasions he had not undergone serious withdrawal symptoms, he had increased his consumption since then. He had no other psychiatric symptoms. It was calculated that 200 ml of Phensedyl contained 288 mg of ephedrine hydrochloride, 144 mg of promethazine hydrochloride, and 360 mg of codeine phosphate; these amounts were prescribed in tablet form as a daily dose on a reducing regime, and the patient was seen and counselled regularly over a seven-month period. He remained drug-free for a further four months, but his course since then has been one of intermittent Phensedyl abuse and abstinence.

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Negative Interaction Between Lithium and ECT

SIR: We report a woman who developed a mild acute organic brain syndrome with normal serum lithium level, stopped lithium, recovered, and because of continuing depression was given ECT and then developed a severe confusional state.

Case Report: A 57-year-old woman with a history of recurrent unipolar depression was admitted to hospital following the death of her husband. Her father had suffered from depression, but had not sought treatment. He had taken to his bed for 10 years, mainly for depression, but eventually died of senile dementia, Alzheimer's type. There was no other family history of affective disorder. The patient had three children, but none proved to be supportive following the death of her husband.

She was admitted to hospital and treated initially with a variety of antidepressants, including dothiepin, mianserin, and Parnate, but could not tolerate amitriptyline or nortriptyline. Lithium was added to her regime, and although it initially seemed to help her depression she developed severe tremor, ataxia, and a mild confusional state. All medication was therefore stopped. She remained severely depressed and it was decided to give her a course of bilateral ECT.

After the first ECT she complained of mild myalgia and took to her bed, but recovered. ECT appeared to help her depression. However, after the second ECT she became severely confused, rambling, disorientated in time and place, and had a reversal of her sleep rhythm. She then had to be nursed in bed for about a month. She gradually recovered from her confusion and thereafter made a slow recovery. Her depression returned, but using small doses of dothiepin the depression gradually remitted over the next year. She is almost fully recovered from depression, but complains of a poor memory. There are no signs of any dementing illness.

The presence of an ECT-induced confusional state following an episode of lithium toxicity (but with normal serum level) has not been previously reported. While, in retrospect, it might have been more clinically prudent to have delayed ECT, the patient was in a state of very severe depression when this decision was made. Furthermore, we were unaware at the time that there might be any adverse reaction between ECT and lithium.

A few case reports suggest the possibility of such an adverse interaction. Hoenig (1977) reported a patient in whom ECT precipitated a severe encephalopathy, although the patient's serum lithium level was well below the toxic value. Remick (1978) reported a patient who was given ECT while on lithium therapy; after the fourth ECT she developed severe confusion and was incontinent. Six weeks after the resolution of her confusion she was once again treated with ECT, but this time with significant improvement of her depression and no confusion. In a third case (Weiner *et al*, 1980), lithium carbonate was introduced after a third ECT treatment and the patient developed a severe fluctuating confusional state.

In a retrospective controlled study of 25 patients who had both ECT and lithium, Small *et al* (1980) found that the lithium/ECT treatment group had more severe memory loss, atypical neurological findings, and a poorer response to ECT. These authors speculated that the patients on lithium might either be a more severely depressed group, or that there might be a true negative interaction between these two common methods of treatment.

Our patient and the patients reported by others suggest the latter, and we are presently investigating the possibility of a true negative interaction between lithium and ECT.

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