the young adults may well present with a decompensated eating disorder or significant affective symptoms, particularly anxiety and depression. If the trust is nurtured then deeper relationships are established, frequently leading to sexual expression. All of the series I have seen described that this 'first proper' sexual relationship provoked in an intense way the now well-suppressed painful memories of earlier sexual activity, causing the victim to decompensate again with recurrent eating disorders, affective symptoms, or marital or sexual adjustment problems.

I propose a causal link between premorbid personality features, sexual assault in adolescence, subsequent anorexia nervosa, and later difficulties in sexual adjustment.

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Diethylpropion and Psychosis

SIR: Diethylpropion hydrochloride, an appetite suppressant related to the amphetamines and introduced in 1963, is a rare cause of psychosis (Fookes, 1976; Carney & Harris, 1979). Thus, from January 1964 until July 1986, only 5 cases of "psychosis" and 12 other cases with diagnoses suggestive of psychosis were reported to the Committee of Safety of Medicines. That the disorder may not be rare is suggested by the two in-patients described below, referred to me over a 3-year period.

Case Reports: (i) An obese married housewife aged 40 was admitted after a month of complaining of fears that her first son would die through the "evil eye" of her mother-in-law, "personality change", unreality-feelings, depression, anergia, and poor concentration. The son suffered from cystic fibrosis, and she feared that if she took her second son to the same hospital, her first son would die and that she herself had only one year to live. Her husband reported that she alternated between amorous hilarity and depressive frigidity. She initially denied drug and alcohol-taking or previous breakdown, but admitted that her mother had had a depressive illness. It transpired that for many years her GP had prescribed diethylpropion hydrochloride for obesity in herself and her husband, which she had taken in therapeutic doses without losing weight.

(ii) An obese 33-year-old married housewife was admitted with a 3-year history of complaints of depression, anxiety, and fears that others disliked her, made hurtful references to her, and were influencing her by telepathy. She heard a policeman say to her "don't be scared – it's a cross between two evils" and thought others believed that she had the "evil eye". Happily married, she was described as a well-adjusted, adequate person with no history of mental illness or drug or alcohol abuse. It transpired that she had been taking therapeutic doses of diethypropion, prescribed by a doctor at a slimming clinic.

In each case the diagnosis was confirmed by urinary testing for amphetamine-like substances. These tests also proved valuable in monitoring compliance during the follow-up period.

Both patients were typical, obese, middle-class, North London, Jewish housewives. Both were referred by their GPs for depression and up to then had concealed their paranoid delusions and drug-dependence. They eventually owned up to taking diethylpropion in therapeutic doses, medically prescribed for obesity, over long periods. Their symptoms, consistent with paraphrenia, rapidly responded to chlorpromazine and withdrawal of diethylpropion. Over a 6-month follow-up period neither relapsed. The setting for the development of these psychoses was extraordinarily mundane, almost banal, with none of the near-magical symbolism surrounding the abnormal experiences of the acute schizophrenic. Moreover, these patients were female and somewhat older than the average age of first onset of schizophrenia. Psychoses during the ingestion and following the withdrawal of amphetamines (a related compound – both are sympathomimetic amines) have been recorded (Mayer-Gross *et al*, 1969).

Prescribing of diethylpropion has markedly diminished from 1567 million prescriptions in 1979 to 388 million in 1985 (Department of Health and Social Security, Statistics and Research Division, personal communication). This decrease may make the condition more difficult to diagnose, as doctors are less likely to think of it in the first place. Yet this psychosis, which mimics schizophrenia, is eminently treatable provided the possibility is borne in mind. The incidence of these reactions may be expected to vary with fashions in slimming. It is therefore surprising that whereas, over recent years, weight-reduction has become more popular, prescribing of anti-obesity drugs has diminished. Possibly other ways of slimming, such as diet and exercise, have become more fashionable.

All anti-obesity drugs, apart from bulking agents like methyl cellulose, may be expected to cause psychological ill-effects and tolerance. However,

these patients are secretive about their slimming pills. This, and the diminishing amounts of the drug being prescribed, may make doctors less likely to think of this eminently treatable disorder when faced with paranoid and depressive symptoms arising in an atypical setting.

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Corrigendum

Journal, October 1987, **151**, 552–554 (I. J. McLoughlin & M. S. Bhate). On page 553, "Parkes (1964) describes a typical mourning..." should read "Parkes (1964) describes atypical mourning...".

A HUNDRED YEARS AGO
The address in Psychological Medicine

In the Psychological Section, the excellence of the Address of the President, Dr Gasquet, was in inverse ratio to its length. One-sidedness is the common failing to which medical men are all more or less disposed, be the department of medicine to which they devote their energies what it may. Probably the temptation is nowhere greater than in the sphere of Psychological Medicine. A class of men with exceptional experience, devoting their attention to the phenomena of insanity, whether as consultants or superintendents of asylums, obtain a very special knowledge in regard to them. They find that a great amount of ignorance prevails as to their nature and origin, and that the physical aspect of insanity is even now too much ignored in some quarters. Impressed with the importance of this error, they dwell, in season and, as some may think, out of season, upon the relations between brain and mind, matter and spirit, and the corporeal changes out of which mental aberrations arise. Naturally the physical treatment of insanity is put prominently forward. Formerly we heard much about the moral treatment of insanity; now-a-days it is rarely mentioned. Dr Gasquet proclaims its importance; he utters a timely warning against the exclusive study of the physical nature of the disorder. He yields to none in the belief that it is a symptom of disease of the brain, but he says – and says truly – that we commit a grave error when we lose sight of the psychical element. Dr Hughlings Jackson took great pains some years ago to re-word the references he had up to that period made in his writings to the relations between mind and brain. He had written, he told his readers, as if mind and brain were identical, whereas he should have been more explicit in representing the latter as the organ of the former. In the same paper, he defended Herbert Spencer from the charge of materialism. Dr Gasquet clearly does not think that psychological medicine can be regarded as synonymous with cerebral medicine, or that the most perfect knowledge of the physiology of the brain, and the pathological changes discovered after death in the insane, will tell us all that we ought to know if we would grasp the true nature of insanity in its entirety, and would treat it in some better way than a mere physicist would, if consistent with his one-sided apprehension of mental phenomena. There is no danger of Dr Gasquet's protest leading to a reaction to the opposite extreme. The merely metaphysical study of mental disorders has passed away, never to return. It is, however, wise to consider whether we have not lost as well as gained by the tremendous change which has occurred in our estimation of its value, and whether we must not hasten to recover what we may have too hastily permitted to vanish in the psychical study and treatment of lunatics. To this end the Address of the President of the Section of Psychology (or more correctly, Medical Psychology) will form an important and much-wanted stimulus.

Reference

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