We (Coppen *et al*, 1978) and others (e.g. Tuomisto and Tukiainen, 1976) have shown that the transport of 5-HT into the platelets of patients with a depressive illness is impaired. This abnormality is reveresed upon successful treatment with lithium (Coppen *et al*, 1980). We have also shown that this 5-HT transport system is impaired in the platelets of patients who had suffered from a migraine attack within 5 days of the estimation of the kinetics of 5-HT accumulation (Coppen *et al*, 1979).

The results from these platelet experiments do indeed suggest that there are abnormalities of 5-HT transport in depressive illness and in migraine and reinforce the association proposed by Garvey *et al* between depression, headaches and 5-HT.

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VITAMIN SUPPLEMENT TO ALCOHOLIC BEVERAGES

DEAR SIR,

Some of the more serious side effects of alcohol abuse can be reversed or ameliorated by the prompt use of thiamine, preventing the progression of neurological lesions and reversing those lesions in which permanent structural changes have not yet occurred (Victor, 1976). The thiamine deficiency arises because of its excessive utilisations as an essential co-enzyme in intermediary metabolism of carbohydrates (in the decarboxylation of pyruvic acid and α-ketoglutarate to acetyl-CoA and succinyl-CoA respectively, and for the transketolase reactions of the hexose monophosphate shunt (Robinson, 1966). This would be consistent with the precipitation of Wernicke's encephalopathy following glucose infusion and upon refeeding prisoners of war or patients following a starvation diet (Drenick, Joven and Swenseid, 1966). Prophylactic vitamins are protective (Strauss, 1935). Changes in fermentation techniques may contribute to the neurological problems because of the virtual elimination of yeast in most beers. A dose-related prophylaxis could be achieved by compulsory thiamine addition to alcoholic beverages, in the same manner as vitamin A and D supplements to margarine.

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CAVERNOSAL ALPHA-BLOCKADE: A WARNING

DEAR SIR,

I was very interested to read Professor G. S. Brindley's article (*Journal,* September, **143,** 332–7), as my company manufactures the preparation of phenoxybenzamine used in the study. Some general interest (*Medical News,* November 10, 1983 and *The Times,* November 18, 1983) has, not surprisingly, been generated by this new technique of injecting small doses of phenoxybenzamine into the corpus cavernosum, to treat erectile impotence. Professor Brindley and I have therefore agreed that attention should be drawn to the possibilities for toxicity of the drug when used in this way.

First, as a general point, I should make it clear that apart from Professor Brindley's work, I know of no animal or human experience of this use of phenoxybenzamine. As far as I am aware, such use is not officially 'licensed' by any government regulatory agency.