phine and then handed four or five sixpences to feed into the pub's fruit machine at about one minute's interval, until acute nausea supervened; a towel-covered bowl having been brought with us by the accompanying male nurse. (Normally I would never lend money to a patient, but on those treatment sessions I provided the coins, so that I should have had no qualms about pocketing any winnings. Alas he didn't win the jackpot!).

In the past four months I have had three patients for attempted treatment of addictive gambling on horses, two of them through the courts, for repeated stealing, and the third of them following a serious suicidal attempt after his wife deserted him and before the court hearing for his dishonesty linked with debts of nearly £6,000.

The technique tried was to give the patient an intramuscular injection of three milligrams of apomorphine and then ask him to imagine that he had £20 or £30 to gamble and to pick from the racing page of his favourite daily paper the horses he would have chosen to back. Acute nausea developed by the time he had made the last of his selections. Treatment was given once or twice a week to a maximum of six treatments, on an in-patient basis.

Such induced nausea is much more readily applied to compulsive gambling on horses than any system of minor electric shocks as attempted by Barker and Miller in 1968, and is far less time-consuming than the accompanied outings undertaken by Greenberg and Rankin.

The aim of the apomorphine programme was not to have a saturational assault day and night to condition the patient's responses, as was at one time attempted with alcoholics, but more a sort of token treatment to help extinguish the element of pleasurably exciting anticipation and to add some physical reinforcement to the awakening awareness of the patient that his compulsive gambling is a 'sick habit'.

It would, of course, be wildly optimistic and unscientific to claim only weeks later that such a patient has been 'cured'—as was very misleadingly claimed in a reporter's contribution to the Sunday Mirror on May 16—but preliminary responses could at least be cautiously claimed to have been encouraging.

M. M. SALZMANN

Basingstoke District Hospital,
Park Prewett,
Basingstoke, Hants

BENZHEXOL (ARTANE) ABUSE

DEAR SIR,

We were interested to read the paper from Israel by Kaminer *et al* (*Journal*, May 1982, **140**, 473–4) reporting widespread abuse of Artane (trihexyphenidyl, benzhexol) among their out-patients. For some time we have been concerned by similar developments locally, and by informal contacts have identified over 40 regular abusers. Patterns, familiar from the abuse of better known drugs, are becoming apparent; the recognized price is £1 for one to three 5 mg tablets, and meeting places for making sales are well known. Perhaps most worrying is that we have unconfirmed reports of Artane abuse by youths who are not psychiatric patients.

We would endorse Kaminer's observations that knowledge of Artane abuse is often limited among prescribing doctors who are, of course, the sole source of supply.

GEOFFREY PULLEN
JON MAGUIRE

Littlemore Hospital,
Oxford

INTRA-UTERINE EXPOSURE TO PSYCHOTROPIC DRUGS

DEAR SIR,

It is well known that uncontrolled diabetes during pregnancy leads to compensatory hypertrophy and hyperplasia of pancreatic islet cells and insulin oversecretion in the foetus. Removal from the hyperglycaemic environment at parturition produces a hypoglycaemic state in the infant (Marble *et al*, 1971).

Using this as a model, it may be the case that maternal ingestion of drugs which, for example, antagonise dopamine and are known to cross the placental barrier, such as chlorpromazine and flupenthixol, may in some similar fashion produce increased activity of the dopaminergic system in the foetus and consequent predisposition to psychosis in later life. This phenomenon might be most likely to occur in a group already at high risk for genetic reasons.

PAUL J. MCMAHON

Goodmayes Hospital,
Barley Lane,
Ilford, Essex

References

MARBLE, A. *et al* (1971) *Joslins Diabetes Mellitus*. 11th ed. Philadelphia: Lea and Febiger.

ANTIDEPRESSANTS FOR PHOBIC AND OBSESSIVE-COMPULSIVE DISORDERS

DEAR SIR,

In their article on clomipramine in phobic patients (*Journal*, May 1982, **140**, 484–90), Pecknold *et al* slightly misquote Marks *et al*, 1980 (*Journal*, **136**, 1–25). We did not hypothesize that phobics respond to antidepressants because they have either an

endogenous or an atypical depression. Rather, patients responded when they had depressive *mood*, not a full blown affective syndrome.

The results of Pecknold *et al* bear out this idea. Their phobic patients had a mean Hamilton Depression score at the start of about 24, (Table II) which is well above the cutoff point of about 11 for a normal population. The patients thus had depressive mood, so their response to clomipramine is not surprising. Moreover, their patients improved as much on depression as on phobias (Table II). Their failure to find a relationship between depression and outcome might simply result from most of their patients having depressed mood above the threshold below which there is no drug effect. They did not examine whether there was a drug effect in patients with a starting Hamilton Depression score below 11, which would be the critical test of the idea that a certain minimum mood disturbance is necessary before phobics and obsessive-compulsives respond to antidepressants.

Review (Marks, 1983, in press) of 17 controlled studies of antidepressants in phobics and in obsessive-compulsives found that when these drugs had no effect the patients turned out to have no dysphoric mood (anxiety-depression). In contrast, the presence of either depressed mood or free-floating anxiety was associated with drug improvement of both mood and phobic and obsessive-compulsive problems. When the antidepressant drugs did act in dysphoric patients they had a broad-spectrum patholytic effect reducing not only phobic-obsessive but also mood and other psychopathological disturbances. In only one study so far, that of Zitrin *et al* (*Archives of General Psychiatry*, January, 1980) was an antidepressant effect present in patients who had little initial mood disturbance.

The review also found high dropout rate of phobics on tricyclics, and a high relapse rate on stopping antidepressants, even after 6–8 months of drug administration.

That disturbed mood rather than a diagnosis of depression predicts response to antidepressants in phobic and obsessive-compulsive disorders raises an interesting possibility. Antidepressants may not be syndrome-specific but rather mood-specific. Their effect in dysphoric mood (anxiety-depression) may be analogous to the reduction of fever by antipyretics such as aspirin and paracetamol. Why there is such a frequent association of dysphoria with phobic-compulsive disorders is a matter for future research.

ISAAC MARKS

Institute of Psychiatry,
London SE5 8AF

Book Reviews

Deafness and Mental Health. Edited by LASZLO K. STEIN, EUGENE D. MINDEL and THERESA JABALEY. London: Academic Press. 1981. Pp 256. £19.60, $29.50.

Twenty years of clinical experience and study of the mental health problems of the profoundly deaf in the USA were distilled at a symposium held in Chicago in 1975 and this three-part volume comprises, in the main, updated versions of papers presented at the symposium. The first part includes discussion of the problems inherent in the classification of behaviour disorder in deaf children and in the conduct of prevalence studies, drawing attention to the need for accurate information but also highlighting the risks of too early and rigid diagnostic labelling. Particularly valuable is a chapter on the special approaches required for psychological testing of the deaf and hard of hearing.

In the second part, the use of conventional techniques in the treatment of deaf adults is illustrated and much emphasis is given to the therapist's need of specialized communication skills. A clergyman with long experience of ministering to the deaf provides fascinating insights into the family life and culture of the deaf world.

Finally various 'societal issues' are discussed. Hearing therapists are encouraged to view the deaf as members of a community having its own language and culture rather than as individuals afflicted with a disability. The British reader will be very surprised to find a whole chapter devoted to the 'arsenal of legal weapons' which have been used to overcome the inadequacies of psychiatric services for the deaf in the USA. Although, disappointingly, references to European work are not included, this volume is a valuable review and should be read by all who work with deaf people in the field of mental health.

A. F. COOPER, *Consultant Psychiatrist,*
Leverndale Hospital, Glasgow

Assessing the Handicaps and Needs of Mentally Retarded Children. Edited by BRIAN COOPER. London: Academic Press. 1981. Pp 260. £11.50.

In March 1980 a small colloquium was held at the