

Since I first encountered the problem in Nigeria and published (1966a, 1966b, 1978) my observations on 230 patients suffering from psychosis occurring after the use of cannabis, I have followed the literature on the subject very closely.

Dr Edwards does not seem to consider valid the "vast literature" referred to e.g. by Täschner (1980) in a recent monograph, comparing patients suffering from psychosis combined with drug abuse with a control group of schizophrenics without drug abuse, reviewing classic studies on "cannabis psychosis" by Beringer (1932) and Stringaris (1939; reprinted 1972), many studies in the English language (Bromberg, 1942; Allentuck and Bowman, 1942; Hekimian, 1968; Bialos, 1970; Bernhardtson, 1972; Tennant and Groesbeck, 1972; Chopra and Smith, 1974), and the French study by Defer and Diehl (1964) on 560 cases of cannabis psychosis, to mention only a few of the 259 references, many of which propose that "prolonged psychological disturbances" do occur after cannabis use.

The case described by Dr Edwards in my opinion clearly supports the opinion that "prolonged psychological disturbance" can be caused by cannabis. The author, though, considers this causal connection still doubtful because "there can be no absolute proof that the cannabis was not adulterated". I wonder if the author was not prevented by a common prejudice propagated by many ideologues, that cannabis is innocuous, from realizing that empirically obtained results are never 100 per cent certain but always approximations.

In Dr Edwards' case, as in many others, including my own, adulteration is possible. Considering the complete case history and the literature, it is probable that in this case, as in many others, cannabis has caused "prolonged psychological disturbance" resembling psychosis.

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#### DEPRESSION—ANOTHER PATIENT'S COMMENTS

DEAR SIR,

I am grateful to Dr R. Morgan, Consultant Psychiatrist of this hospital for drawing my attention to the article "Severe Depression: A Patients Thoughts" by Dr E. George Gray (*Journal*, October 1983, **143**, 319-22). Having gone through a similar experience to Dr Gray I have found his article to be a source of encouragement with points of similarity in our two experiences.

I first found myself in hospital in a deep, dark valley of depression with complete loss of motivation after a change of work and location. That was six years ago during which time I have been in two hospitals for the mentally ill, so that I can like Dr Gray compare two courses of treatment.

In the first hospital I received drugs, electroconvulsive therapy, psychotherapy and occupational therapy. ECT seemed to make little or no improvement, and though I worried what it might be doing to my brain, like Dr Gray I find no obvious deficits in my memory. Conventional psychotherapy and occupational therapy proved to be counter-therapeutic. This was also Dr Gray's experience. In the early days all that I wanted to do was to sleep or when forced out of bed to sit quietly on my own. Only then did I realise how ill I was and that my illness had been coming on for some time. I felt the psychotherapist and some of the doctors I saw adopted a superior and condescending attitude. This was an attitude passed down the line to even the most junior nursing staff. Clearly this did not help my situation.

Dr Gray found occupational therapy to be a very dubious form of treatment. This rings a bell for me. There appeared to be a complete lack of understanding of my desperate predicament and my feelings. I recall being forced into playing Scrabble and bullied into going to occupational therapy to make a stool, saw wood and play Bingo. These were the last things I wanted to do. In spite of my severe depression I still felt I wanted to be useful. Even normally I would not find any pleasure in playing Bingo, least of all at ten o'clock in the morning.

In my present hospital where I have been for nearly a year things are different. Attitudes are different and the treatment of patients and their rehabilitation is based on drug therapy and the philosophy of work. Patients are rehabilitated through working usefully in the workshops or in the day to day life of the hospital. Thus every patient is employed within his capabilities to serve the hospital and community in which he lives.

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