

It might not be so strange that *The Revellers* (Aristophanes only picked up the second prize with *The Birds*) which is thought to have been even more bawdy—and possibly with more obvious allusions to drugs—has disappeared.

Carrying the thought further, it might be that 'lycanthropy' of the Middle Ages was in part due to post-drug delusional states. The transformation into an animal—a delusional insanity—is of course associated with Nebuchadnezzar, who is written up as a recovered case.

The issues and problems are extremely involved and go beyond the solanaceae. Werewolves were noted to have lost a limb at some time—the story is that the witch while in the form of a wolf was attacked and had a traumatic amputation. However, St. Anthony's fire is even more commonly associated with peripheral gangrene, associated with ergot by the Medical Faculty of Marburg as long ago as 1579 (Haggard). Midwives were of course often accused of witchcraft, and it would seem that the punishments associated with abortion were even more severe in earlier times.

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EXPERIENCES WITH THIOTHIXENE

DEAR SIR,

I would like the opportunity to record my experiences with a new major tranquillizer known as thiothixene (Navane) with which I have recently conducted a clinical trial in the treatment of schizophrenics. Published reports from outside the U.K. have shown this drug, which is a thioxanthene derivative, to have a pronounced antipsychotic action, and in addition a notable awakening or activating effect in schizophrenic patients, especially those characterized by apathy and withdrawal from their environment. In view of these advantages, it seemed worth while to undertake a further study.

The study involved 21 chronic schizophrenic male patients and one acute schizophrenic, also male. These patients received between 10 and 75 mg. per day of thiothixene, for periods of up to 12 weeks.

There was definite improvement in 9 of the 22 patients, 9 were unchanged, 3 deteriorated, and it was not possible to make an assessment of the final patient. These results are not striking at first glance, but should be interpreted in the light of the fact that this was a population of chronic, resistant, hospitalized patients who in many instances had failed to respond to currently available compounds.

The results were particularly interesting in that thiothixene appeared to have a stimulating effect in some patients and a reverse effect, with damping down of hallucinations and disturbed behaviour, in others. In the former group the stimulating effect was most marked for improvement in conversational ability, one patient not having uttered a word for many years until he was treated with thiothixene. It was also interesting to note that in another patient who was previously very disturbed, the damping effect of thiothixene persisted after treatment was stopped.

The three patients who deteriorated became hyper-active, but all three were receiving relatively high doses of the compound. For most patients the optimal dose was 20 to 30 mg. daily, and increasing the dose above 40 mg. a day did not produce an improved response.

Side-effects were largely extra-pyramidal in nature, and there were some cases of sweating and dry mouth. Sedation did not occur in this small series of patients. Liver function tests during treatment became abnormal in two patients, but it is difficult to comment on the significance of this; approximately 1,000 patients have been treated with thiothixene in trials carried out throughout the world, and the incidence of liver function test abnormalities that could be related to drug treatment has been very low, under 2 per cent.

In conclusion therefore, from my limited clinical experience, thiothixene would appear to be a potentially valuable addition to the range of major tranquillizers.

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GILLES DE LA TOURETTE'S SYNDROME

DEAR SIR,

In my recent paper in your *Journal* (Fernando, 1967) reviewing this syndrome, three previous reports