understand the hallucinations, delusions, and thoughts of schizophrenics; in fact, all their psychotic symptoms, in connection with their wishes, hopes, fears and their whole personality development. This understanding helped him in his psychotherapeutic and psychosocial work with schizophrenics. Yet, although Eugen Bleuler reached a psychological understanding of the psychopathology of the individual patient, he was too modest and critical to maintain that he had discovered the real nature, origin and etiology of schizophrenia. He agreed with Kraepelin that at that time all this was very enigmatic. I personally am convinced that today (after half a century of new research since Eugen Bleuler's and Kraepelin's time) the nature, origin and etiology of schizophrenic psychoses have become much less enigmatic and are much better understood. This is not the place, however, to discuss the overview of present-day knowledge.

Stressing the interest in the psychodynamics of schizophrenics and in the possibility of psychotherapeutic and psychosocial help was Eugen Bleuler's main contribution to the problems of schizophrenia. We must not forget, however, that he introduced still other and important trends in the discussion: he rebutted the dogmatic idea that schizophrenia was a disease entity. He showed that what was called the "dementia" of schizophrenics could be understood by the patient's life experience and in particular by the reactions of healthy people to the patient's condition. He also introduced the concepts of ambivalence and autism which became important both for the psychopathology of the schizophrenic and for general psychopathology and psychology.

M. BLEULER

Bahnhofstrasse 49
CH-8702 Zollikon/Zürich
Switzerland

DEAR SIR,

Professor Manfred Bleuler throws new light on his father's motivations for taking his particular approach to the study, interpretation and treatment of schizophrenia. I was pleased to find that he, from his personal knowledge of the background, could confirm my own conclusions gleaned only from the literature about the essence of E. Bleuler's work. He (Eugen), his family and most of the local people had little confidence in the "aristocratic city doctors", because they felt these doctors could not communicate with the patients, mostly humble local people, nor understand them. They were more interested in brain anatomy and pathology at the expense of the general human concerns of the patient.

To overcome this deficiency he concerned himself more with the psychology of his patients, and so developed his own concept of the illness. Large aspects of the illness—not only the patients as people—became to him psychologically understandable. So much so that his new concept was criticized as an overextension of the method of empathic understanding.

Perhaps so; but there can be little doubt that Bleuler's work had opened doors and was stimulating. Professor Stengel once reminded us how much Swiss psychiatry had contributed to the study of schizophrenia, and few more so than the two Bleulers. I have never heard schizophrenia called the "Swiss illness", although this would indeed have its justification, but I have more than once heard it referred to as "Bleuler's disease".

J. HOENIG

Clarke Institute of Psychiatry
250 College Street
Toronto M5T IR8

HEADACHES, DEPRESSION AND 5-HYDROXYTRYPTAMINE

DEAR SIR,

Garvey *et al,* (*Journal,* December 1983, **143,** 544–7) reported that patients with a major depressive disorder had a significantly higher headache rate than the same patients in a euthymic phase. The incidence of headache in these patients was similar to the incidence observed in a group of normal controls. The authors suggested that the association of headaches and depression might be related to abnormalities of 5-hydroxytryptamine (5-HT). These results prompted us to examine retrospectively several separate lines of research that we have undertaken. We have not been able to show a significant difference in the incidence of headache between drug-free patients suffering from a major depressive illness and normal controls (Abou-Saleh and Coppen, 1983). The only patients in a euthymic phase whom we have studied are those who have suffered from recurrent affective illness and who, at the time of testing, were receiving prophylactic lithium treatment. These patients complain significantly less of headache than the drug-free depressed patients and even than controls. These findings are in agreement with reports (Mathew, 1977; Kudrow, 1977) that lithium might be useful in the treatment of migraine and cluster headache.

Garvey *et al* have suggested that 5-HT abnormalities may be responsible for the association between headaches and depression, and we have experimental evidence from studies in patients with a major depressive disorder and in patients with migraine to suggest that such abnormalities exist in both depression and migraine.

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.

KEITH WOOD
CYNTHIA SWADE
M. T. ABOU-SALEH
ALEC COPPEN

MRC Neuropsychiatry Research Laboratory
West Park Hospital
Epsom KT19 8PB
Surrey

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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.

MALCOLM P. I. WELLER

Friern Hospital
Friern Barnet Road
London N11 3BP

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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.