

12% of patients in the non-treatment group. In the Lipid Research Clinical Program study of the patients who died, 30% of those receiving treatment died violent deaths – accident, suicide, or murder – as opposed to 14% in the control group.

Lipids comprise about half the dry matter of the brain; the axon, the myelin sheath, and the synaptosomal membrane all having different proportions of lipid constituents; synaptic vesicles have a relatively high content of phospholipids. It is reasonable to assume, therefore, that anything which upsets the balance of cerebral lipid metabolism could have profound effects on the brain function. Several abnormalities of enzymes required for normal lipid metabolism are known to result in severe mental subnormality, e.g. deficiency of sphingomyelinase results in Niemann Pick disease. Disruption of the structure of the synaptic membrane or synaptic vesicles could disrupt normal function.

It is tempting to speculate how lipid-lowering drugs could affect the brain: cerebral lipids are synthesised in the brain from water-soluble precursors. Any alteration in peripheral lipid ratios are unlikely therefore to affect brain lipid metabolism. A direct effect of the drug itself in the brain could be postulated; however, cholestyramine is not absorbed from the gut. Gemfibrozil is absorbed, although its ability to cross the blood-brain barrier has not been established.

In both studies these results were interpreted as being a chance finding. We find these results most interesting and raise the question as to whether alteration of the ratio of HDL:LDL could be important psychiatrically.

IAN MCLOUGHLIN

*Dept of Psychiatry
Royal Victoria Infirmary
Queen Victoria Road
Newcastle upon Tyne NE1 4LP*

PHILIP CLARKE

*Dept of Radiology
Newcastle General Hospital*

- References**
- FRICK, M. H., ELO, O., HAAPA, K., *et al* (1987) Helsinki Heart Study: primary prevention trial with gemfibrozil in middle-aged men with dyslipidemia. *New England Journal of Medicine*, **317**, 1237–1245.
- LIPID RESEARCH CLINICAL PROGRAM (1984) Lipid Research Clinics Coronary prevention trial results. 1. Reduction in the incidence of coronary heart disease. *Journal of the American Medical Association*, **251**, 331–364.

Tea and Antipsychotics

SIR: Silverstone *et al* (*Journal*, August 1988, **153**, 214–217) suggest that obesity in patients on long-term depot antipsychotics is most likely due to an increase in food intake brought about as a result of a drug-induced stimulant effect on appetite. There may be a possible alternative explanation for this weight gain, the clues to which lie in the patient's consumption of drinks. All antipsychotic medication has quite marked anticholinergic effects and, in particular, produces dry mouth. This leads to an increased consumption of drinks and, in particular, of the favourite British beverage of tea which is often taken with sugar. Simply drinking five more cups of tea per day would lead to an increased intake of 150 calories per day if milk and one sugar were taken. This net increase in calories would lead to an intake of 1050 calories per week, which could explain some of the weight gain. It only requires 7700 calories intake in excess of a balanced state in order to gain 1 kg in weight. On these calculations, 1 kg in weight would be gained every eight weeks. In addition, this effect would be accelerated because of the decreased activity which is one of the (often desired) effects of antipsychotic medication.

I have certainly observed this phenomenon of increased tea consumption in patients on lithium, and wonder whether this may be the underlying mechanism of weight gain with antipsychotics.

JOHN COLLIER

*Northern General Hospital
Sheffield S5 7AU*

A HUNDRED YEARS AGO

Inebriate Criminal Responsibility

A lecture on Inebriate Criminal Responsibility was delivered to the Society for the Study of Inebriety, at the rooms of the Medical Society of London, on Tuesday last, by the President, Dr Norman Kerr.

The lecturer reviewed the varying criminal procedure of different countries in criminal cases

complicated with inebriety. Germany, Italy, and Switzerland recognised a culpable and inculpable intoxication; America, England, and France did not. Yet in America the confirmed was practically dealt with as a diseased drunkard, and capital punishment was averted by a verdict of "murder of the second