which appeared in the March, 1967, number of the *Journal*, on "The Ecology of Suicidal Behaviour" by Mr. J. W. McCulloch, Mr. A. E. Philip and Professor G. M. Carstairs, and noted sympathetically their view of a relation betweeen the ready availability of drugs and the sharp increase in attempted suicides in recent years. I was especially struck by their phrase "the ready availability of drugs under the National Health Service has undoubtedly contributed".

The very large increase in deliberate self-poisoning in Edinburgh (Kessel, 1965) has been more than matched in Western Australia (Oswald, 1966). It is true that the prescription of barbiturates doubled in England and Wales between 1953 and 1959 (Ministry of Health, 1961), but prescription rates in 1962 (Ministry of Health, 1964) suggested that the rise had levelled off. The 1962 figures were of under 16 million general practitioner prescriptions for barbiturates in England and Wales in 1962. Assuming an average of 45 tablets per prescription (Brooke and Glatt, 1964), and that 36 million people were over 17 years of age, we arrive at a figure of about 20 tablets per adult head per annum, and even if hospital prescribing were added we might reckon on an average of under 25. This in a country with a lot of old people, who use more hypnotics (McGhie and Russell, 1962), but with a National Health Service. In the State of Western Australia, which has a more youthful age structure but no National Health Service, figures recently supplied by the pharmaceutical companies to my colleague Dr. G. Milner reveal a distribution in 1966 of approximately 40 barbiturate tablets per head per annum by persons over the age of 17 years. Incidentally, an average of 12 Librium (chlordiazepoxide) capsules were also sold.

Barbiturate prescribing rose to about 1·5 grams per head per annum in England and Wales in 1959 (Ministry of Health, 1961), but this was still well below the 1948 figure for the U.S.A. output per head (Isbell *et al.*, 1950). With this in mind, one can now read that the average U.S. family increased its expenditure on all prescribed drugs by 6·5 per cent. a year between 1959 and 1965, but that "from 1952 to 1963, the retail sales of sedatives and tranquillizers increased 535 per cent." or 44 per cent. a year (Department of Health, Education and Welfare, 1967). No National Health Service contributed to that rise.

Alternatives to a National Health Service usually mean a voluntary insurance scheme which pays for agreed classes of drugs. The merit of the Service is that it can help restrict unnecessary prescribing, since the patient has one particular doctor, who can if he chooses advise against sedatives without feeling that he will immediately forgo all financial interest in the patient or that the latter will at once go to the doctor in the next street. It is not easy to get comparable figures for drug use and abuse in different countries, but such as they are they would not appear to indict the N.H.S.

IAN OSWALD.

Department of Psychiatry,
University of Western Australia.

REFERENCES

BROOKE, E. M., and GLATT, M. M. (1964). "More and more barbiturates." *Med. Sci. Law*, **4**, 277–282.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE (1967). *A Report to the President on Medical Care Prices*. Washington, D.C.

KESSEL, N. (1965). "Self-poisoning." *Brit. med. J.*, *ii*, 1336–1340.

MCGHIE, A., and RUSSELL, S. M. (1962). "The subjective assessment of normal sleep patterns." *J. ment. Sci.*, **108**, 642–654.

MINISTRY OF HEALTH (1961). *Drug Addiction: Report of the Interdepartmental Committee*. London.

—— (1964). *Recent N.H.S. Prescribing Trends*. London.

OSWALD, I. (1966). "Preventing self-poisoning." *Brit. med. J.*, *ii*, 301.

PHYSICAL HEALTH AND PSYCHIATRIC DISORDER IN NIGERIA

DEAR SIR,

I wish to clarify one or two points raised by Dr. Kiev in his review of my "Physical Health and Psychiatric Disorder in Nigeria" (*Journal*, August, 1967, p. 936).

He writes "In a more critical vein one wonders why so arbitrary a category as functional illnesses was used in the presence of demonstrable physical disease where a diagnosis of symptomatic psychosis might have been made." I took some pains to point out in my paper that my patients were carrying several parasites and were in imperfect health, like almost all rural Yoruba, but that they were not suffering from physical illness of such a degree that a diagnosis of symptomatic psychosis could be made. In fact I had carefully excluded such sick people from my study, as I pointed out. He says further: "One might also question the feasibility of making a diagnosis on the basis of response to treatment, for as yet treatments in psychiatry are non-specific as compared to treatments in medicine." As to this, I am well aware of the limitations of present-day psychiatry; but if response to treatment is an imperfect method of indicating the cause of a disease it is still a lot more realistic and precise than much of the highly theoretical speculation we are asked to consider seriously when making a psychiatric diagnosis.

Thirdly, Dr. Kiev writes: "It seems hard to accept certain of the author's assumptions about Yoruba culture, such as their inability to distinguish between the psyche and the soma, their suggestibility, the functional overlay to their physical illnesses, and their habit of expressing anxiety and depression through somatic symptoms. These factors are universally distributed and are not monopolized by the Yoruba." I would recommend that he read my article again. I made no such assumptions about the Yoruba culture specifically. I wrote: "The reason for the obscurity of the part played by such physical depletion becomes clearer when we glance at some of the complicating factors inherent in Yoruba culture, and in many 'simple' cultures." I suppose I should have added that such factors are also of extreme importance, although less overwhelming, in a more mechanized and scientific culture; but I assumed, perhaps unwisely, that the medical reader would be very well aware that such is the case.

ROBERT COLLIS.

State of Hawaii,
Department of Health,
Hawaii State Hospital.

MYOTONIA CONGENITA AND PSYCHOSIS

DEAR SIR,

I read with pleasure the paper "Myotonia Congenita (Thomsen's Disease) and Hereditary Psychosis" by Dr. J. Johnson. The author contrasts the psychoses he describes with the psychiatric changes in dystrophia myotonica, which he claims are characterized by intellectual deterioration. This, however, is not invariably so. Thus, Gottwald (1956) reports ten cases from the literature with schizophrenic features and adds two of his own, and Maas and Paterson (1937) refer to one case with a diagnosis of schizophrenia and another with a paranoid jealousy syndrome.

These provide an interesting parallel to Dr. Johnson's cases.

KENNETH DAVISON.

Newcastle General Hospital,
Westgate Road, Newcastle upon Tyne, 4.

REFERENCES

GOTTWALD, W. (1956). "Symptomatische Psychosen, amnestischer Symptomen-komplex und Narkolepsie bei Dystrophia myotonica (Curschmann-Steinert)." *Nervenarzt*, **27**, 112–115.

MAAS, O., and PATERSON, A. S. (1937). "Mental changes in families affected by dystrophia myotonica." *Lancet*, *i*, 21–23.

WHAT THEY REALLY SAID

DEAR SIR,

In Dr. Stafford-Clark's letter (*Journal*, September, 1967) in reply to my letter (*Journal*, July, 1967) he now agrees that mutual analysis between Jung and Freud took place. There was more than dream-analysis: Freud sought, and received, Jung's help for the relief of certain symptoms. So Dr. Stafford-Clark is surely misguided in using the odd phrase "dream-swapping excursion". He regards Jung's statements as spurious, and says that what took place between Freud and Jung was not "a valid analysis". Well, Dr. Stafford-Clark is entitled to his opinion. His letter leads one to suggest that the Latin quotation he uses—an allusion to the continued diversity of taste and opinion among men—deserves his thoughtful consideration.

E. A. BENNET.

99 Harley Street, W.1.

PSYCHIATRIC ILLNESS IN THE MEDICAL PROFESSION

DEAR SIR,

We should like to point out an error in the paper by J. D. Hailstone, I. E. J. McLauchlan and myself, which appeared in the *Journal* for September.

In Table II the P value for Category 4 (Psychoneurosis) should be $P < \cdot 05$.

This was a typing error which we failed to detect in proof reading.

M. F. A'BROOK.

Fairway,
Burntwood Lane,
London, S.W.17.

HOMOSEXUALITY

DEAR SIR,

D. Gregory Mayne (Correspondence, *Journal*, August, 1967, p. 923) wrote: "Joan Fitzherbert made some suggestions concerning homosexuality in your *Journal*."

I have heard of homosexuality amongst living things, but homosexuality in the *British Journal of Psychiatry* is news to me.

J. MACKIE.

Rubery Hill Hospital,
Rubery, Birmingham.

[*Anything* that appears in the *British Journal of Psychiatry* ought to be news to our readers.—*Ed.*]