

least—to distinguish patients diagnostically. This makes no assumptions about the existence of other syndromes or diagnostic groups.

Dr. Rosenthal's speculations, that factor scores on his autonomous factor 1 may represent the degree of development of somatic concomitants of illness, and factor scores on his self-pitying factor 2 the modification of the symptom picture by pre-existing neurotic personality features, are interesting and may be true. But this dual hypothesis is a relatively complicated one, and its confirmation will be difficult, because methods of measuring somatic changes in depression are not readily available and the assessment of pre-morbid personality is not a simple matter. On the other hand, symptoms are more accessible and easy to study, and the hypothesis that at least two types of depression exist, and are recognizable by their symptoms, is the more economical, more useful clinically and likely in our view to be the more fruitful in the immediate future. We do not, however, at all rule out the possibility that methods of scoring "endogenous", "neurotic" and perhaps other syndromes *quantitatively* (? on the basis of factor scores) will be found to be superior.

Even if symptomatically different depressions could be firmly tied to different personalities, the origins of the latter would still need to be inquired into, and aetiological issues would merely have been pushed back to an earlier stage. So the problem of how different kinds of depression arise would remain. In any case, dualistic (or pluralistic) hypotheses certainly do not rule out relationships between illness and personality or other characteristics, but symptoms appear to provide the most convenient point of departure for the study of such relationships. Dr. Rosenthal himself seems to make this point when he ends his letter by saying that definition of distinct depressive populations would make it possible to study relatively homogeneous groups (and thus to make comparisons between them), a method "which we may hope will eventually lead to a greater understanding of depression".

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REFERENCES

- CARNEY, M. W. P., ROTH, M., and GARSIDE, R. F. (1965). "The diagnosis of depressive syndromes and the prediction of E.C.T. response." *Brit. J. Psychiat.*, **111**, 659-674.
- KILOH, L. G., and GARSIDE, R. F. (1963). "The independence of neurotic depression and endogenous depression." *Ibid.*, **109**, 451-463.
- McCONAGHY, N. (1967). "Neurotic and endogenous depression." (Correspondence). *Ibid.*, **114**, 120-121.
- MORAN, P. A. P. (1966). "The establishment of a psychiatric syndrome." *Ibid.*, **112**, 1165-1171.
- ROSENTHAL, S. H. (1967). "Neurotic and endogenous depressions: a sceptical view." (Correspondence). *Ibid.*, **113**, 1154-1155.
- and GUDEMAN, J. E. (1967a). "The self-pitying constellation in depression." *Ibid.*, **113**, 485-489.
- (1967b). "The endogenous depressive pattern: an empirical investigation." *Arch. gen. Psychiat.*, **16**, 241-249.
- SANDIFER, M. G., WILSON, I. C., and GREEN, L. (1966). "The two-type thesis of depressive disorders." *Amer. J. Psychiat.*, **123**, 93-97.

WITCHCRAFT, PSYCHOPATHOLOGY AND HALLUCINATIONS

DEAR SIR,

A postscript with some further references might be of interest to readers of my original paper.

The Jungian description of the witch-cult as a religion based on the female principle gains support from James (1959), though the psychopathological explanation does not necessarily become more plausible. The fertility rites associated with the cult of the mother-goddess have a long history, the sexual excesses at such times are even better known.

This *Journal* has previously dealt with witchcraft and drugs in the late Dr. Fleming's Presidential Address (1953). The title "The Insane Root" provides the key to the fuller understanding of *The Birds* by Aristophanes.

The Birds has generally been treated as a light-hearted fantasy out of keeping with the other works of this stern social dramatist. For once the poet is thought to have turned his attention from the contemporary scene, Athens in the throes of bitter political unrest. The play is better understood—and loses none of its force—as a pungent satire on the leadership of the city—drug-takers and loose livers. (The Athenian Society version of the *The Birds* styles The Nightingale as a Courtesan.) The several references to drugs in the play, at times obscure, do not seem to have interested the classical scholars—there is a key passage which, in line with Fleming's title, would seem to settle the issue. In answer to the question of how the travellers will become feathered the reply is,

"Don't be afraid, There's a strange root we know;
Once gnaw it soundly and your wings will grow."

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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REFERENCES

- ARISTOPHANES. *The Birds* (ed. Gilbert Murray). (1950). London: George Allen & Unwin. (1936). Athenian Society. New York: Tudor Publishing Co.
- BARNETT, B. (1965). "Witchcraft, psychopathology and hallucinations." *Brit. J. Psychiat.*, **111**, 439-445.
- FLEMING, G. W. T. H. (1953). "The insane root." *J. ment. Sci.*, **99**, 638-653.
- HAGGARD, H. W. (1955). *Devils, Drugs and Doctors*. Leicester: Thayer Parker.
- JAMES, E. O. (1959). *The Cult of the Mother-Goddess*. London: Thames & Hudson.

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