regime in a dose of 150 to 300 mg daily, and this was gradually increased to a maximum of 250 mg three times daily. In the case of the epileptic patients other anticonvulsants were withdrawn gradually as the sulthiame was introduced.

Sulthiame has been shown to reduce the rate of metabolism of other anticonvulsants, notably phenytoin sodium, and drug-induced encephalopathy has been described (8). One of the epileptic patients in the present series developed features consistent with the description of encephalopathy: the patient suddenly became confused with incoherent speech and markedly ataxic gait, all of which remitted on the cessation of sulthiame medication. Four other patients developed minor side effects from sulthiame in the form of paraesthesia in the lower limbs and mouth, and subjective weakness of the thigh muscles.

The results of this study do not support the previous findings that, in conjunction with phenothiazines, sulthiame can be of value in the control of schizophrenic excitement states. The drug was found to be without therapeutic value in chronic and acute organic states unassociated with epilepsy, but severe behavioural disorders associated with epilepsy did respond. A summary of the findings is given in the Table. Our experience with sulthiame in a psychiatric hospital has defined more clearly, we believe, the clinical area in which this drug is likely to be of value.

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TABLE

Response to sulthiame

Diagnosis	Epilepsy with behaviour disorder	Schizophrenia	Organic states without epilepsy	Hypomania	Total
Number of patients	17	13	4	2	36
Improved	12	0	1	0	13
No change	5	13	3	2	23
Adverse reaction:					
Mild	3	0	1	0	4
Severe	1	0	0	0	1

A CORRECTION

PROFESSOR F. A. JENNER and J. DAMAS MORA write:

In our letter to the *British Journal of Psychiatry* (February 1976, p 207) in response to Professor Kendell's paper (*Journal*, October 1975, **127**, pp 305–15) we asserted that psychiatric categories *occur* in different societies, the printed version however said that they *differ*. We were anxious to point out that they may require a society to exist, but by the nature of man most, if not all, societies he will produce may be 'pathogenic'. This assertion is obscured by the mistake in the printed version.

ERRATUM

In the article by G. J. Naylor *et al* entitled 'A Biochemical Study of Short-Cycle Manic-Depressive Psychosis in Mental Defectives', published in the February issue (p 170), the standard error of measurement of the erythrocyte Na-K ATPase activity should have read 0·0900 mmol PO4/l RBC, h, and not 0·900.