

her daughter had been possessed since she was 5 and that the possession had now got into her blood. Her mother therefore intended to give her holy water until she was totally well. One sign of her possession was the fact that she did not like learning the Koran and did not like having it read to her.

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Reference

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Solvent abuse psychosis

SIR: Although much has been written about the consequences of solvent abuse, including associations with cerebral atrophy and cerebellar degeneration (Fornazzari *et al.*, 1983), no discrete psychiatric syndromes have been associated with this habit. Claims of schizophreniform psychosis have been made (Alapin, 1973; Lewis *et al.*, 1981), but these have been regarded as anecdotal (Ron, 1986). An increasing number of chronic solvent abusers are being seen in our hospital, all of them being native Canadians, and a pattern of psychiatric morbidity is emerging. We outline the details of one such case, and suggest that there is a specific psychiatric state which results from chronic inhalation of toluene-containing adhesive mixtures

Case report: Mr R, a twenty-year-old man, was brought to our hospital by the local police, having been found wandering on the highway near his home. At interview, he was noted to have adhesive on his face and his breath was tinged with acetone. Mental state examination revealed a considerable degree of disorientation and his thought content

had marked paranoid features. Mr R admitted to hearing condemnatory voices, and he experienced religious-type visual hallucinations on occasion. A toxic confusional state was diagnosed and antipsychotic therapy was started.

Four weeks later, Mr R continues to display a fluctuating level of consciousness, and both auditory and visual hallucinations persist. He continues to have paranoid ideas about the staff, and displays marked irritability. There is no previous history of paranoia, and no family history of schizophrenia. Mr R has inhaled adhesive solvents for more than 7 years, and has done so at least five times per week on average.

This patient has a persistent paranoid psychosis with features of a toxic confusional state. We attribute this problem to a lengthy history of solvent abuse, and his symptoms have failed to respond to conventional antipsychotic medications. He is only one of a number of such patients in our hospital. Having compiled a series of them, certain definite features are emerging. Our findings suggest that prolonged solvent abuse can cause a protracted paranoid psychosis which is extremely slow to resolve. Our plan is to follow our series of patients to test the validity of the hypothesis that such paranoid states are directly attributable to solvent abuse.

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A HUNDRED YEARS AGO

Society for the study of inebriety

A general quarterly meeting was held in the rooms of the Medical Society last Tuesday, the President, Dr Norman Kerr, in the chair.

A paper on Inebriety among the Cultured and Educated Classes was read by Dr James Stewart, of Dunmurry, Sneyd-park, Clifton, who gave a *résumé* of observations based on twelve years' experience in

the treatment of inebriates. Dr Stewart called special attention to the pathological condition of the cerebral tissue in inebriety, a loss of brain substance as real as the loss of a portion of a finger sliced off accidentally with a knife. Inebriety was a physical disease as clearly marked as many other diseases, and must, to be successfully treated, be dealt with in as scientific a manner as these other maladies. New and

sound brain tissue must be built up before a cure could be effected. This required a considerable time, the shortest term being twelve months. Dr Stewart concluded by stating as his opinion that (1) inebriety is a lesion of the brain which has gone so far as to affect the will power; (2) successful treatment based on this pathological dictum must include the absolute cessation of alcoholic drinking; (3) there is no danger in the sudden and complete withdrawal of alcohol if the case, no matter how severe, be in the hands of a skilful physician able to personally direct the hourly treatment from the first; (4) the physician undertaking the charge of such cases ought to be himself a total abstainer, so that moral treatment by example might supplement therapeutic remedies; (5) permanent recovery need not be hoped for unless

both lines of treatment be pursued systematically during an uninterrupted period of twelve months in a "home" from which alcohol is entirely excluded; (6) so-called cures effected by bark, strychnine, iron, and other specifics have not proved permanent; (7) the permanence of a cure depends greatly on the after-treatment pursued subsequently to the patient leaving the "home". The family of the inebriate should all become total abstainers, no alcohol being allowed under any circumstances into his or her house except as a drug prescribed by a medical man, and dispensed in a medicine bottle.

Reference

The Lancet, 5 January 1889, 26.

Researched by Henry Rollin, Emeritus Consultant Psychiatrist, Horton Hospital, Surrey