The above case suggests that inositol may specifically antagonise lithium effects (Kofman *et al*, 1993) and that it may be possible to find an inositol dose useful in antagonising peripheral side-effects but low enough to avoid hypothetical antagonism of therapeutic effects in the brain (Kofman & Belmaker, 1993).

BERSUDSKY, Y., VINNITSKY, I., GRISARU, N., *et al* (1992) The effect of inositol on lithium-induced polyuria-polydipsia in rats and humans. *Human Psychopharmacology*, **7**, 403–407.

HALLACHER, L. M. & SHERMAN, W. R. (1980) The effect of lithium ion and other agents on the activity of *myo*-inositol-1-phosphatase from bovine brain. *Journal of Biological Chemistry*, **225**, 10896–10901.

KOFMAN, O., SHERMAN, W. R., KATZ, V., *et al* (1993) Restoration of brain *myo*-inositol levels in rats increases latency to lithium-pilocarpine seizures. *Psychopharmacology*, **110**, 229–234.

—— & BELMAKER, R. H. (1993) Biochemical, behavioral and clinical studies on the role of inositol in lithium treatment and depression. *Biological Psychiatry* (in press).

SHERMAN, W. R., MUNSELL, L. Y., GISH, B. G., *et al* (1986) Effects of systemically administered lithium on phosphoinositide metabolism in rat brain, kidney and testis. *Journal of Neurochemistry*, **44**, 798–807.

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CORRIGENDA

BJP, November 1993, **163**, 639. The 12th line of the second paragraph, second column, should read "... it is indefensible, and certainly unnecessary, that people ..."

BJP, November 1993, **163**, 696. The author of "Catatonia: the tension insanity" is Wai-Yu Joseph Lee.

A HUNDRED YEARS AGO

Reports of lunatic asylums for 1892

Bethlem Royal Hospital. The daily average number of certified patients in residence at this hospital during the year 1892 was 243, as compared with 246 in 1891. The admissions of certified patients who were detained for treatment numbered 238. Of these, 68, or 29 per cent., had had previous attacks and 87, or 36 per cent., had a family history of insanity, whilst in 53, or 22 per cent., there was a family history of alcoholism. Of these 53, 11 seemed to owe their attack of insanity to the abuse of alcohol, as against 6 patients whose insanity was to be attributed to the same cause without such inheritance. The percentage of patients who were discharged as recovered was, for men 42.9, for women 52.6 and for both sexes 48.3. The total number of deaths for the year was 17, the percentage being, for certified patients alone, 10.1 and 4.1 for males and females respectively, and for both sexes 6.9. There was one case of suicide: it was that of a young melancholic patient who had shown very marked signs of improvement and who was allowed to go with an attendant to the Agricultural Hall. Whilst there he escaped from the attendant and made his way to a friend, from whom he borrowed some money, and purchased a second-hand revolver, with which he shot himself in a barn. The coroner's jury were able to acquit the asylum authorities of all blame. As Dr. Percy Smith says, it is not always possible to know what is passing in the mind of a determined patient, however satisfactory his progress may have been towards recovery. He states that of the whole number of patients who were admitted no less that 60 had a history of having had influenza at some antecedent period. In many of these the insanity was merely *post hoc* and not *propter hoc*; but in 16 cases influenza seemed to have played a most important part in producing mental disease, though it was of course not necessarily the only factor leading to it.

Reference

Lancet, 6 January 1894, 59.

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