depressed patients (mean 39.5, s.d. 26.4) than normal controls (mean 125.7, s.d. 91.1) ($P<0.01$). Pre- and post-treatment K_d and B_{max} of α_2 AR were not significantly different.

The results of study 2 showed significantly lower prostaglandin E1 stimulation of adenylate cyclase (% of basal activity) in depressed patients (mean 156.6, s.d. 22), than normal controls (mean 221.8, s.d. 47) ($P<0.01$) at baseline. There was no significant difference in adenylate cyclase activity in response to sodium fluoride, 5'-guanylimidodiphosphate (GPP (NH)p) and forskolin between depressed patients and normal controls. Moreover, there were no changes in AC-stimulated activity during treatment with placebo (2 patients), rolipram (phosphodiesterase inhibitor) (Collins & Abou-Saleh, 1992) (3 patients), and fluparoxan (3 patients).

These results are at variance with the results reported by Karege *et al* (1993), who showed platelet α_2 AR (AC inhibition and primary aggregation) desensitisation in depressed patients with a significant correlation between the two mechanisms. Our two studies have also examined the effects of treatment, and the findings suggest that antidepressants including an α_2 AR inhibitor appear to down-regulate α_2 AR activity while no change was observed in AC activity with treatment including a phosphodiesterase inhibitor.

The relationship between platelet α_2 AR and AC inhibition merits further investigation in the same group of patients.

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CORRIGENDUM

BJP, May 1994, **164**, pp. 698–699. The letter "Managing the manipulative therapist" was by Chris Cantor, not Chris Taylor.

A HUNDRED YEARS AGO

The Lunatic Asylum for the City and County of Bristol

The average number of patients resident in the asylum during the year 1893 was 270 males and 339 females—total 609; and there remained on the books on December 31st 278 males and 338 females; total, 616. The total number of cases admitted was 98 males and 84 females – total, 182. There were 70 cases discharged recovered and 79 died, giving a recovery rate of 38.46; while the death-rate was 12.97 for both sexes. Among the male patients the mortality was very high, reaching 15.18 per cent., calculated upon the average number resident, but this is accounted for by the fact that no fewer than 20 of the male deaths, all of which were verified *post mortem*, were due to general paralysis. With regard to causation Dr Benham states that of 30 general paralytics admitted there was in 11 cases a history of drink, sexual excess in 6, drink and sexual excess combined in 4, in 2 there was a distinct history of syphilis, and 1 had suffered from sunstroke. There was one case of enteric fever for which no cause could be discovered. The Commissioners in Lunacy comment favourably upon the fact that although there were 112 epileptics, 8 actively suicidal cases, and 21 general paralytics in the asylum, only 1 man and 3 women were in bed at the time of the inspection.

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