

for a short period without producing further appetite and weight gain.

BRIAN HARRIS
J. P. R. YOUNG
W. HUGHES

*University of Wales College of Medicine,
Heath Park,
Cardiff CF4 4XN*

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Smoking in Chronic Schizophrenia

Sir: While studying obesity in our patients (Gopalaswamy & Morgan, 1985) we asked them about their smoking habits and 100 men and 70 women replied: 123 of them had chronic schizophrenia, most were in their 50's and 60's with many years of illness behind them, 82% had never been married, and the majority were working class.

Smoking was more prevalent among the men ($P < 0.05$) and among the schizophrenic patients ($P < 0.001$): 87% of the men and 74% of the women schizophrenic patients smoked, compared with 60% and 58% respectively among the non-schizophrenic patients. These differences within the patient sample were trivial compared with the significant differences among the patients (83% of all men and 67% of all women smoked) and among the general population, of whom 36% of men and 32% women are known to smoke.

The proportion of smokers in the general population falls year by year in response to anti-smoking propaganda which most patients choose not to heed. This is very understandable. There may be few pleasures left in life for a person with chronic schizophrenia and smoking may be one of them. Indeed, for the schizophrenic it may be even more pleasurable than for a healthy person. Nicotine in large doses depresses a person's level of arousal. Schizophrenics suffer from heightened arousal and for them a packet of cigarettes represents a way of suppressing the discomfort of hyper-arousal which they may find more acceptable and effective than the major tranquillisers which we prescribe for them.

Our findings match quite closely those of Masterson & O'Shea (1984) who reported smoking by 92% of their male and 82% of their female schizophrenics. Rice (1979) questioned how heavily his schizophrenic patients smoked and whether they ever developed lung cancer. The proportion of patients with schizophrenia who die of lung cancer is surprisingly no higher, and may even be slightly lower, than in the general population—when it seems that it ought to be double or treble (O'Shea, 1984 Craig & Lin, 1981). This suggests either that people with schizophrenia enjoy partial protection against developing lung cancer or that cigarette smoking is not such an important aetiological factor as is thought. Either way the subject requires fuller investigation.

A. K. GOPALASWAMY

*Clifton Hospital,
York YO3 6RD*

ROGER MORGAN

*Formerly at St Wulstans Hospital,
Malvern Worcester WR14 4JS*

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Psychotherapy in the Third Reich

Sir: Henry Rollin (*Journal*, March 1986, 148, 345-346) reminds us that the ghost of Hitler still stalks the world. I am reminded of an anecdote told by the late Willie Mayer-Gross, himself a victim of Nazi oppression, about the high esteem in which Hitler was held by some psychiatrists. A German research fellow working at the Maudsley came to see Mapother after the Reichstag fire and the plebiscite in 1982. He wanted to discontinue his fellowship and return to the Fatherland. "If 92% of the German people have voted for Hitler, he must be a great man". Mapother replied: "I am of Irish stock, if 92% of the Irish would vote for one man I would be certain that he is worthless".

Mayer-Gross' own researches into the fate of neurotics under the Third Reich confirmed the patho-plastic influence of culture on the manifestations of neuroses. Comparatively few German servicemen were shot for "lack of moral fibre"; neurotic anxiety and depression were somatised, generally taking the