phine and then handed four or five sixpences to feed into the pub's fruit machine at about one minute's interval, until acute nausea supervened; a towel-covered bowl having been brought with us by the accompanying male nurse. (Normally I would never lend money to a patient, but on those treatment sessions I provided the coins, so that I should have had no qualms about pocketing any winnings. Alas he didn't win the jackpot!).

In the past four months I have had three patients for attempted treatment of addictive gambling on horses, two of them through the courts, for repeated stealing, and the third of them following a serious suicidal attempt after his wife deserted him and before the court hearing for his dishonesty linked with debts of nearly £6,000.

The technique tried was to give the patient an intramuscular injection of three milligrams of apomorphine and then ask him to imagine that he had £20 or £30 to gamble and to pick from the racing page of his favourite daily paper the horses he would have chosen to back. Acute nausea developed by the time he had made the last of his selections. Treatment was given once or twice a week to a maximum of six treatments, on an in-patient basis.

Such induced nausea is much more readily applied to compulsive gambling on horses than any system of minor electric shocks as attempted by Barker and Miller in 1968, and is far less time-consuming than the accompanied outings undertaken by Greenberg and Rankin.

The aim of the apomorphine programme was not to have a saturational assault day and night to condition the patient's responses, as was at one time attempted with alcoholics, but more a sort of token treatment to help extinguish the element of pleasurably exciting anticipation and to add some physical reinforcement to the awakening awareness of the patient that his compulsive gambling is a 'sick habit'.

It would, of course, be wildly optimistic and unscientific to claim only weeks later that such a patient has been 'cured'—as was very misleadingly claimed in a reporter's contribution to the Sunday Mirror on May 16—but preliminary responses could at least be cautiously claimed to have been encouraging.

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BENZHEXOL (ARTANE) ABUSE

DEAR SIR,

We were interested to read the paper from Israel by Kaminer *et al* (*Journal*, May 1982, **140**, 473–4) reporting widespread abuse of Artane (trihexyphenidyl, benzhexol) among their out-patients. For some time we have been concerned by similar developments locally, and by informal contacts have identified over 40 regular abusers. Patterns, familiar from the abuse of better known drugs, are becoming apparent; the recognized price is £1 for one to three 5 mg tablets, and meeting places for making sales are well known. Perhaps most worrying is that we have unconfirmed reports of Artane abuse by youths who are not psychiatric patients.

We would endorse Kaminer's observations that knowledge of Artane abuse is often limited among prescribing doctors who are, of course, the sole source of supply.

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INTRA-UTERINE EXPOSURE TO PSYCHOTROPIC DRUGS

DEAR SIR,

It is well known that uncontrolled diabetes during pregnancy leads to compensatory hypertrophy and hyperplasia of pancreatic islet cells and insulin oversecretion in the foetus. Removal from the hyperglycaemic environment at parturition produces a hypoglycaemic state in the infant (Marble *et al*, 1971).

Using this as a model, it may be the case that maternal ingestion of drugs which, for example, antagonise dopamine and are known to cross the placental barrier, such as chlorpromazine and flupenthixol, may in some similar fashion produce increased activity of the dopaminergic system in the foetus and consequent predisposition to psychosis in later life. This phenomenon might be most likely to occur in a group already at high risk for genetic reasons.

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ANTIDEPRESSANTS FOR PHOBIC AND OBSESSIVE-COMPULSIVE DISORDERS

DEAR SIR,

In their article on clomipramine in phobic patients (*Journal*, May 1982, **140**, 484–90), Pecknold *et al* slightly misquote Marks *et al*, 1980 (*Journal*, **136**, 1–25). We did not hypothesize that phobics respond to antidepressants because they have either an