Lancet 1970/II, pp. 831 LSD 2042 f

DELAYED PSYCHOSIS DUE TO L.S.D.

SIR,—Acute psychotic illnesses are not uncommon in young people, even those of apparently normal previous personality. With or without some delay they often follow intense emotional upsets like a broken love affair, a failed examination, sometimes ill-considered psychotherapy, and not infrequently physical illness. It is well-known that acute psychosis, usually short-lived, can follow taking L.S.D.

Dr. Hatrick and Dr. Dewhurst (Oct. 10, p. 742) describe the cases of two girls who, in illicit settings, were given an unknown dose of an unknown hallucinogenic chemical (it may just as well have been S.T.P. or mescaline as L.S.D.), and who, after a phase of being apparently well, each had a psychotic illness. The nature of the relationship between the drug, whatever it was, and the illness, can only be a matter of conjecture. I would think it was the common factor of emotional upset rather than anything specifically pharmacological that set off the psychoses. But my guess is no better than anyone else's.

To conclude from these two cases that psychotherapy with L.S.D. should be discontinued is quite unjustified. There are in this country today about 40 psychiatrists working with L.S.D. Results in psychiatry generally are so poor that careful and responsible experimental work should not be discouraged by anecdotal stories. Many of us have had some excellent results using L.S.D. with cases apparently refractory to other forms of treatment. We do not publish them as isolated reports: mere anecdotes for or against any given method of treatment do not advance psychiatry.

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