and have no particular inspiration from Moscow, but am appalled at being invited to assist in a one-direction programme for the destruction of human life on a vast scale. If war is prevented millions of lives will be spared; if I attempt to save lives in an atomic air raid I will probably save one or two if I am very lucky. One way, several million people live; the other, millions die and nothing is gained. I can see no logical ground for justifying medical help for the present policy at the present time. Better ways of saving life than expending valuable time and money in medical support of atomic warfare are available.—I am, etc.,

Liverpool. H. E. VICKERS.

"Lysivane" in the Treatment of Parkinsonism

SIR,—In an unselected group of 150 patients attending a large general hospital for the treatment of parkinsonism I have used the synthetic drugs "diparcol," "artane," "parpanit," and "lysivane," and it has been possible to compare their clinical efficacy. Attempts to classify the possible aetiology of the disease in the treated patients have not been very successful, but the cases were considered to be principally of the degenerative type, only four post-encephalitics being seen. At the beginning of the trial of the new drugs diparcol, artane, and parpanit were interchanged in the same or comparable patients. The results of using these three compounds showed that clinically diparcol was the most toxic, artane was effective but less so than lysivane, and that parpanit was the least effective. These three drugs were all more effective than solanaceous alkaloids with which many of the patients had been previously treated. The assessment of the results was based on any improvement in the patients' ability to perform everyday acts, upon effects on their morale, and on clinical observation by other doctors beside myself. All claims to improvement were checked so far as possible from evidence voluntarily given by relatives and friends. It is impossible to record progress by measurement of tremors, because they are too easily influenced by emotion and environment.

During the past 18 months I have treated with lysivane 52 cases of parkinsonism, also mainly of the degenerative type. Except in a few instances the superiority of this drug over all others previously used has been such that I am now adopting it as the routine treatment. It has been given in a dosage of 0.05 g. every six hours at the start, and gradually increased to 0.05 g. every two hours during the day, the dose being temporarily reduced should troublesome side-effects develop.

Of the recent series treated 20 have had lysivane for 1 year to 18 months, 34 for 6 to 12 months, and the remainder for not less than six months. In no case has there been a relapse if there has been initial improvement, whereas it is my experience, and that of others, that patients responding initially to other new drugs have relapsed later. Of the 52 patients 28 have greatly improved, 12 moderately improved, two slightly improved, nine failed completely to respond to the drug, and one was made worse. This last patient failed to respond to any form of treatment. These favourable results are similar to those reported by Dr. Harold Palmer and Dr. D. J. A. Gallagher (*British Medical Journal*, 1950, **2**, 558), who report a satisfactory response in 11 cases out of 16 (68.7%). In my series treated with lysivane, 77% showed a favourable response. My results may differ in the number of complete failures. Twelve patients in my series of 52 failed to respond significantly (23%), whereas Palmer and Gallagher had only one failure in 16 cases (6.25%). Owing to the small number of cases treated by these observers this may not be statistically significant. J. Sigwald (*Presse Médicale*, 1949, **57**, 819) reported that lysivane was superior to all other forms of treatment in 46 out of 106 cases (43.4%), identical in 29 (27%), and inferior in four (3.7%).

In 20 cases annoying but not serious side-effects of the drug have been observed. There has been drowsiness during the first few days of taking the drug, but this has always passed off and treatment continued uninterruptedly. Nausea, vomiting, and depression have been met with occasionally at the end of the first week of treatment, but after appropriate adjustment of the dosage these symptoms pass off. Dryness of the mouth can be encountered at any time in the treatment and occurred in 15 cases, but did not cause any serious distress.

From the analysis of the evidence forthcoming from this particular trial, lysivane seems to be the drug of choice for initial use in the treatment of parkinsonism. This investigation will be published in detail after a further follow-up period.—I am, etc.,

Birmingham. R. O. GILLHESPY.

Psychiatry in General Practice

SIR,—I feel Dr. H. Crichton-Miller's reference (July 21, p. 175) to my views may be quite unintentionally misleading. I do not "work to a time limit of three weeks," though I often wish I could. I reported a small highly selected group of cases (*Lancet*, June 23, p. 1331), largely suffering from over-tiredness, who responded quickly to simple in-patient treatment. I also expressed the view that there is an optimum length of stay (about six weeks) after which hospitalization may act detrimentally, and that treatment could often be speeded up with advantage.

Dr. Crichton-Miller adds that this time limit (of three weeks) is probably the best that can be done under the N.H.S. But my criticism would be the other way round—that where patients do not have to pay, and where hospital life is made very congenial, certain classes of patient, especially psychopaths, tend to stay far too long.

As regards Dr. Crichton-Miller's final remark that "the official demand for a rapid turn-over of cases conflicts hopelessly with freedom and efficiency in all psychotherapeutic work," I feel I must take up the cudgels on behalf of the N.H.S. It has certainly not been my experience in the three Metropolitan regions in which I work. Like many others I have had my moments of irritation at official communications, but I have never received any directives or even requests concerning the numbers of patients I should see or the time I should spend with them. The limiting factor is not due to any official demands, but the prevalence of psychiatric disorder. And, as I said in my article, it is the commendable self-restraint of the long-suffering general practitioner in referring patients that prevents what facilities there are from being swamped.—I am, etc.,

London, W.1. W. LINDESAY NEUSTATTER.

Preventive Psychiatry

SIR,—Sir Allen Daley (June 9, p. 1279) wrote, "Increasing attention is being given to preventive psychiatry, but, beyond a realization that many cases of juvenile maladjustment and adult mental illness arise from wrong handling of the infant and young child, little is yet known, and even that which is known is seldom applied." I would disagree only with the "little is yet known," for I consider that sufficient is known for us to make a considerable reduction in the incidence of the emotional problems of children and their growth into the mental disorders of adults.

To bring about a change, certain criteria must first be fulfilled: sympathetic attitude, knowledge and understanding, the will to treat. The greatest potential for activity in this sphere rests with the local authorities, and much can be done by encouraging and facilitating the attendance of their personnel at conferences and courses such as those run by the National Association of Mental Health, and by the organization of group discussions, led by suitable invited persons. There need be no further development of the existing service to implement effectively these ideas. Mothercraft classes are only too uncommon, and where they are to be found it is unique for the mother to be prepared in any way for handling the day-to-day emotional needs of her child. A common example is that of toilet training and the disturbing effect of the child who has broken down from