

disease as the explanation for psychotics' behaviour are all too likely to be self-fulfilling.—I am, etc.,

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Disclosure of Consultants' Reports

SIR,—Those of your readers who received the annual report of the Medical Defence Union will note on p. 16 a comment on the disclosure of consultant's reports to patients. In my experience there is a growing tendency for patients to have in their possession letters which I or other hospital consultants have written to their family doctors.

Only a week or so ago a patient, as an opening gambit in my outpatient clinic, handed me a letter which his general practitioner had received from another hospital. It contained the sentence, "I am undecided about his prostate, which is rather firm and fixed, and may well be a carcinoma. I have not mentioned this to the patient, but I will write to you again when we have the x-ray and blood results." To me this appears to be a very sensible and reasonable letter. When given to the patient his remark was, "They obviously don't know what is wrong with me at — Hospital." Now in most cases this may be harmless, but it means that a truly honest report on one's findings and one's *opinion* cannot be given in writing to another doctor unless one knows him personally, and I do not think that this atmosphere helps anyone.—I am, etc.,

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Depressive Changes after Fluphenazine Treatment

SIR,—The paper by Drs. R. de Alarcon and M. W. P. Carney (6 September, p. 564) requires comment. By their own report three of the suicides had shown strong affective components in their illness, and three patients out of the table were later re-categorized—that is, as non-schizophrenic, giving a total of 6—that is, 40% of the series who had been misdiagnosed.

They imply a specific relationship between the injection of fluphenazine and episodes of depression and/or suicides in their schizophrenics, but suicide is not uncommon in schizophrenic subjects who are not on fluphenazine, and the authors quote Markowe *et al.*¹ (and I would add the findings of Renton *et al.*²). What is true is that schizophrenics do not often figure in the attempted suicide statistics as they are so often successful. The next question is whether drugs make schizophrenic patients depressed. The answer seems to me to be "yes" for reserpine and haloperidol, and "yes" probably for all phenothiazines, particularly—in my experience—chlorpromazine. In fact, we use antidepressants quite often in straightforward cases of schizophrenia because empirically they benefit from this treatment.

Drs. Alarcon and Carney have done psychiatrists a service if they have made other readers than myself wonder what degree of supervision of schizophrenic patients is really

exercised at "Moditen clinics," and whether it is right to simply discharge a patient to general-practitioner care on three-weekly injections without follow-up. I am sure myself that this is not right, and that hospital-based follow-up is essential for schizophrenics. These depot preparations are of some real value and it would be a pity if they were damned by careless use.—I am, etc.,

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REFERENCES

- 1 Markowe, M., Steinert, J., and Heyworth-Davis, F., *British Journal of Psychiatry*, 1967, **113**, 1101.
- 2 Renton, C. A., Affleck, J. W., Carstairs, G. W., and Forrest, A. D., *Acta Psychiatrica Scandinavica*, 1963, **39**, 548.

SIR,—We have been running for about two years a follow-up clinic for patients on fluphenazine, and, apart from severe extrapyramidal symptoms of unpredictable onset and often not fully responding to concomitant oral antiparkinsonian drug therapy, we have observed a number of severe depressive reactions. We had to re-admit several schizophrenics to cater for downswings of mood, but our efforts to find any reference to these depressive phenomena in current literature, or obtain information from representatives of the drug firm, were fruitless.

It is for this reason that we were impressed by Drs. R. de Alarcon and M. W. P. Carney's recent article (6 September, p. 564), particularly as recently one of our schizophrenic patients had committed suicide three days after her last injection of fluphenazine. Any drug may produce unforeseen and sometimes serious effects in a small minority of patients, but in the case of fluphenazine (enanthate and decanoate), one may perhaps wonder whether its mechanism and effects have been sufficiently explored. It would be deplorable if a valuable drug with great therapeutic potentialities had to be withdrawn because of its premature release.

In addition to fluphenazine enanthate and decanoate, we find that a significant number of patients on long-term oral tranquilizers do appear to develop a variable degree of depression. Awareness of this possibility should encourage appropriate supervision, so that antidepressive therapy can be started forthwith. Misinterpretation of this occurrence in schizophrenics may lead to further increase of the dosage of tranquilizers, resulting in even deeper depression and associated hazards. Long-acting drugs may induce a false sense of security, and in the present incomplete state of our knowledge it is wiser to be on the alert.—We are, etc.,

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Cost of Medical Publications

SIR,—My short article (26 July, p. 229) appears to have infuriated Miss Dorcas Kingham (16 August, p. 414), whose charming Christian name implies that she is not normally so bellicose. I am, of course, delighted to know that she is conscientious enough to spend the whole of her grant on books, and sad to learn that the grant is not

large enough. I wish I could do something about this, but I think I explained clearly in my article why I could not do so.

I think she has misread me in one particular. I did not say that "these problems would be eliminated by the use of a medical school library." Indeed I wrote, "They cannot afford to buy every medical book, but they buy the best of them." I agree, of course, that it would be quite impossible for any one medical school library to carry enough copies of every good book for all the students to be able to read it at the same time.

I think that Miss Kingham is a little unjust in her last paragraph, when she suggests that publishers have little idea of the problems facing students. After all, I was a student once, and have taught students and consorted with students all my life. Like every other publisher I would welcome any opportunity of helping them to cheap books, but can Miss Kingham suggest to me how I should do this? Before answering perhaps she will read my article again.—I am, etc.,

London W.1.

RAYMOND GREENE.

SIR,—As one of the two publishers selected by Dr. David Pyke (26 July, p. 227) as the basis for a plea for a change in attitudes on the part of publishers, may we be permitted to provide enlightenment?

The Excerpta Medica Foundation is indeed a non-profit-making organization. Hence, as it has no shareholders, it has no need to earn profits for distribution in the form of dividends. On the other side of the coin, the direct and indirect costs it incurs as a non-profit publishing organization are not and cannot be markedly lower than those incurred by any efficient profit-making publishing company.

Excerpta Medica has become one of the leading publishers of conference proceedings because it offers not only the highest quality of specialist editing procedures and accuracy but also the highest standards of technical production. Those who request the Foundation to publish the proceedings of their conferences almost invariably insist on the "heavy and so shiny" paper, the heavy cover, the specially designed dust jacket, etc. The cost of shiny paper is no more than the cost of matt paper. Moreover, the costs which account most for the high price of a book of this kind lie in the high editing and indirect costs, extensive manuscript editing, the cost of substantial, last-minute changes with consequent re-editing, translation costs, the checking, correction, and compilation of references, etc., etc. It is these costs that sometimes impose a disproportionately high price in terms of the number of published pages.

It should be realized also that the publisher's problem is not the book he sells but the books he doesn't; the books that sell a few copies a week; the books that lie in the warehouse before the publisher's basic investment—to say nothing of ultimate profit—is (hopefully) recovered; the investment in this stock as well as the cost of keeping it.

Dr. Pyke's criticism of the time taken to publish *Diabetes* is one which can be levelled at the publication of almost any book and certainly many manuscripts intended for