dent body in case doctors run the risk of practising "State-controlled medicine." The examples of judiciary and many Government subsidized universities can be cited where interference of the State is not tolerated, and they discharge their function admirably.

Lastly, when all is said and done, I see the inevitability of the situation. It is a question of earning one's livelihood. After all those years in medical schools and then in hospital service, the doctor has to practise his or her trade, and it seems there will soon be a day when one practically pays all one earns to loudly announce once again to the whole world, "It is a sacrifice which I promise unto death."—I am, etc.,

A. K. MAITRA.

Royal Alexandra Hospital,
Rhyl, N. Wales.

*A shortened version of the G.M.C.'s memorandum on registration fees, in which it discussed its proposal to charge an annual retention fee, was printed at p. 1164 of the *B.M.J.* of 7 May 1966, together with a leading article (p. 1130), and a paragraph on the subject appeared in the Annual Report of Council (*Supplement*, 1966, 1, 187). The matter was debated at both the 1966 and the 1967 A.R.M.s (*Supplement*, 1966, 2, 82; 1967, 3, 97), at two Council meetings in 1968 (*Supplement*, 1968, 1, 51, and 2, 1), and at this year's A.R.M. (*Supplement*, 1969, 3, 72).—Ed., *B.M.J.*

Life-tables for Cystic Fibrosis

SIR,—Life-tables for 128 children with cystic fibrosis and for 43 cases of meconium ileus have been constructed for the five years starting in 1964. These are compared with similar tables constructed for the preceding 20 years, and show narrowing of the gap between the life expectancy of those entered at birth and at diagnosis, and a very marked improvement in survival rate. The majority, but not all the children included in this survey, attended the cystic fibrosis clinic, some being under the care of other physicians in the hospital or elsewhere, and the older ones mostly transferred to the Brompton Hospital for further care.

In the present study, 1964–8, the difference between the survival rates in column 1 and column 2 of Table A is small, suggesting the effect of early diagnosis and treatment. At one year the survival rate is 93% in column 1 and 98% in column 2. At 10 years it is 77% in column 1 and 85% in column 2. However, at 18 years the survival rate is 26% in column 1 and 30% in column 2.

In comparison with the previous study, 1943–64, the differences in the respective years in columns 1 and 2 of Table A are large. For example, in column 1 at one year the survival rate is 34% in the previous study as compared with 93% in the present

one, and 19% versus 89% at five years. This large difference is seen throughout. This is probably due to the increased awareness of the nature of this illness among the medical profession and the resultant earlier diagnosis, effective antibiotic therapy, and efficient pulmonary physiotherapy.

Meconium ileus survival rates derived from the Tables show that in 1964–8 the difference between columns 1 and 2 in Table B is small. Entered at diagnosis, the

TABLE B.—Meconium Ileus

Age	Column 1 Entered at Diagnosis		Column 2 Entered at Birth	
	1943–64	1964–68	1943–64	1964–68
Days: 0	1,000	1,000	1,000	1,000
7	609	914	754	952
14	509	805	625	854
Months: 1	327	755	407	807
6	127	679	170	734
Years: 1	102	624	143	684
3	102	589	143	648
5	82	477	126	536

survival rate is 91% at seven days, 75% at one month, 68% at six months, 62% at one year, and 48% at five years. There have been no deaths after the five years' age group, and the oldest child is 10 years of age.

In comparison with the previous study there is a significant difference in the survival rates. Surgical mortality at one month after surgery in the present series, 1964–8, is about 25%, whereas in the previous one, 1943–64, it is about 67%. At one year the survival rate is 62% in the present series and 10% in the previous one. This large difference is seen still at five years, when 48% are surviving in the present series in the face of 8% in the previous group.

The figures from the more recent life-table reinforce the guarded optimism with which the prognosis in cystic fibrosis can be considered. They demonstrate the advantage to be obtained from early diagnosis and active treatment, and stress the need for a simple and accurate laboratory method for screening for cystic fibrosis for use in the first weeks of life.—We are, etc.,

LILY GEORGE.
A. P. NORMAN.

The Hospital for Sick Children,
London W.C.1.

REFERENCE

- ¹ Mantle, D. J., and Norman, A. P., *British Medical Journal*, 1966, 2, 1238.

Depressive Changes after Fluphenazine Treatment

SIR,—Drs. R. de Alarcon and M. W. P. Carney (6 September, p. 564) draw necessary attention to the problem of pharmacogenic depressive psychosis and phenothiazines in general.

Depressive psychosis is a well-recognized complication of reserpine and the butyrophenones, while phenothiazines have usually been considered to be free from this complication. In my experience, however, it is not uncommon for a mild depressive psychosis to develop during the convalescent period in schizophrenics treated with oral phenothiazines, particularly those of high potency. After resolution of the acute schizophrenic symptoms complaints of lethargy, indecisive-

ness, and impaired concentration develop, together with thought-retardation and an affective change phenomenologically identical with that found in depressive psychosis.

This complication of oral high-potency phenothiazines is often mild in intensity, and is attributed by many to the schizophrenic process itself. The depressive psychosis is often unrecognized, largely owing to the fixity of the clinician's "diagnostic set," but also to failure to analyse the phenomena of the patient's symptoms. There is some evidence that combined phenothiazine and electric convulsion therapy (E.C.T.) induces a quicker remission from a schizophrenic illness than phenothiazines used alone.¹ This empirical combination may well operate, in part, by the rapid resolution of the pharmacologically induced depressive psychosis by the E.C.T.

Drs. Alarcon and Carney have rightly drawn attention to the development of severe depressive psychosis with systemically administered high-potency phenothiazines. It is hoped that it will also make clinicians aware of the less severe depressive psychoses which not infrequently complicate high-potency oral phenothiazines used in the treatment of schizophrenia.—I am, etc.,

JOHN JOHNSON.

Royal Infirmary,
Manchester.

REFERENCE

- ¹ Gonzalez, J. R., and Imahara, J. K., *American Journal of Psychiatry*, 1964, 121, 253.

Hospital Letters

SIR,—With reference to Dr. H. N. Levitt's letter (6 September, p. 594) on hospital letters, I wish to mention that, for various reasons, it is not always easy to send a detailed letter to the general practitioner immediately following the discharge of a patient, although some immediate information is highly desirable.

It is the routine practice in this hospital (for psychiatric cases) to fill printed forms containing date of admission and discharge, with diagnosis and recommended treatment, and post them to the general practitioner on the date of discharge, to be followed by a detailed letter a few days later. I do not see why this simple and effective procedure should not be made use of in other hospitals.—I am, etc.,

V. S. NEHAMA.

Central Hospital,
Near Warwick.

Bowel Innervation in Hirschsprung's Disease

SIR,—The recent report (9 August, p. 338) on adrenergic nerves in the bowel from nine cases of Hirschsprung's disease confirms work we have reported previously.¹ We have extended this work, and have described the distribution patterns of cholinesterase-positive myenteric nerves as well as the adrenergic nerves.² Resected bowel from 19 patients with Hirschsprung's disease and bowel, including rectum, excised for other reasons from four controls has been studied. The age range of these 23 patients was 3 months to 4 years.

TABLE A.—Cystic Fibrosis Not Presenting as
Meconium Ileus

Age in Years	Column 1 Entered at Diagnosis		Column 2 Entered at Birth	
	1943–64	1964–68	1943–64	1964–68
0	1,000	1,000	1,000	1,000
1	342	932	849	984
5	189	891	641	956
10	123	769	456	846
15	74	625	276	704
18	—	264	—	298