limited results may have been "the persistence of a psychodynamic disorder."

Desensitization would not have been rated as disappointing had you referred to a survey³ (admittedly retrospective) on the treatment of 124 consecutive phobic patients (63 of whom suffered from the agoraphobic syndrome) treated by this method. It was noted that in 28% of the patients the phobic symptom appeared to be perpetuated by psychodynamic factors. The addition of interpretative psychotherapy to desensitization in this group increased the improvement rate to 91% from 73% of those patients who were treated by desensitization alone.

I am in no doubt that either flooding, if a nurse therapist is available, or desensitization combined with insight psychotherapy is the treatment of choice for agoraphobia, whether severe or mild.—I am, etc.,

D. FRIEDMAN

St. Bartholomew's Hospital,
London E.C.1

¹ Marks, I. M., Birley, J. L. T., and Gelder, M. G., *British Journal of Psychiatry*, 1966, 112, 757.

² Gelder, M. G., and Marks, I. M., *British Journal of Psychiatry*, 1966, 112, 309.

³ Friedman, D. E., and Lipsedge, M. S., *British Journal of Psychiatry*, 1971, 118, 87.

SIR,—I should like to take issue with your leading article (26 October, p. 177), which suggests that agoraphobics should carry "a tablet of an effective anxiolytic in the purse or pocket" in order to take one when encountering a stress situation.

The danger of this sort of management is that the patient becomes irreversibly dependent on his tablets. His agoraphobia is reinforced by the implication that he cannot possibly face stress without taking a tablet, since the two phenomena of taking a tablet and facing stress become inextricably intertwined. It is then impossible to wean the patient from his tablets, for any attempt to make him do without them in the context of immediately impending stress will heighten the psychological stress of the occasion. The situation is analogous to the stage of alcoholism in which the patient needs some "Dutch courage" to face stress—at first he needs his drink for only major traumatic situations, but before very long he cannot even answer the door without a stiffener.

The alternative and more satisfactory regimen is to treat the patient with high regular dosage of benzodiazepines whether he is facing stress or not. The aim should be to achieve the minimum dose which abolishes all (or nearly all) symptoms so that the patient can lead a normal life. When this has been done and the patient has seen it done and has regained his confidence the tranquillizer should be gradually withdrawn over several months. In this way the cause (that is, taking a tablet) and effect (that is, allowing him to cope with stress) are sufficiently separated for conditioned learning not to occur, and it is often possible to achieve a complete withdrawal of medication.—I am, etc.,

ARNOLD G. ZERMANSKY

Leeds

Value of Hospital Case Notes

SIR,—I would be a more enthusiastic supporter of Mr. D. F. E. Nash's (19 October,

p. 165) condemnation of the remarks of a general practitioner on B.B.C.4 if I did not live in an area where hospital case notes are kept not just from the patient but also from his own general practitioner. The medical staff of St. Mary's Hospital, London W.2 and W.9, passed a resolution to this effect and have confirmed that this shall continue in spite of a protest from the local medical committee. They suggest instead that the G.P. should consult a member of the medical staff. Any G.P. would naturally prefer to do this, but it is difficult enough to find and visit one's patients in the London area as it is. If one has to await the availability of a member of the medical staff it becomes a futile exercise.

I have found it difficult to envisage a motive for this ban. If there is any doubt as to the doctor's identity the patient can always verify it—or if he is in no condition to do that then the doctor can identify himself. I wonder what a member of the St. Mary's medical staff doing a six-monthly follow-up on one of my cases would say if, on seeking information on some intercurrent illness, I told him he would have to make an appointment to see me personally. I would have greater justification for making such a stand than has St. Mary's.

If ever there was an instance of failure to attempt to "overcome the barriers which still exist between those responsible for primary care and those working under similarly difficult conditions in the hospital service" this is it. It is in fact a deliberate step in the opposite direction—and an affront to all general practitioners. I challenge St. Mary's to justify it. It will be insufficient for them merely to ignore this challenge. If they have no reply then let them have the good grace to declare this absurd piece of divisiveness unnecessary. Other hospitals have not found any need for it.—I am, etc.,

A. A. LEWIS

London W.9

Flupenthixol Decanoate and Some Aggressive States

SIR,—Dr. P. M. O'Flanagan (27 July, p. 258) discusses the use of flupenthixol decanoate in some aggressive states. I have used either this drug or fluphenazine decanoate by intramuscular injection in eight cases of a rather similar nature to those described by Dr. O'Flanagan. The important factor in these cases seem to be that of a very low tolerance to frustration rather than aggression, unless very high demands on the social and medical services can be regarded as aggression.

Seven patients benefited very considerably from this treatment. One patient complained repeatedly about side effects as she had done on all previous medication; the treatment was therefore stopped. All were patients of many years' standing who had been admitted to psychiatric hospitals on at least one occasion. This method was first used for a patient who was quite unable to organize the taking of oral medication. Her tablets were taken at random and often confused with those of her husband. The result was quite unexpected. Her general practitioner, who saw her shortly afterwards, wrote, "I do not know what you gave Mrs. X but it certainly worked a miracle." Though this apparent return to complete normality has not persisted, there has been a very marked

improvement in her condition, maintained over a period of one year. This result led me to try this treatment in other cases. Of the seven patients who benefited, all have shown a marked lessening of anxiety and an improvement in drive. Their rapport with their doctors and social workers has improved considerably as well as that with their friends and family.—I am, etc.,

J. S. LYON

Basingstoke District Hospital,
Psychiatric Division,
Park Prewett,
Basingstoke, Hants

La Condition Humaine

SIR,—“What a depressing Personal View” writes Dr. Graham Hunter (12 October, p. 108) of mine (14 September, p. 682); and Drs. James Millar (19 October, p. 165) and N. S. Baber (28 September, p. 807) seem to agree. So do I, but then the truth often is depressing, and a diagnosis does not become suspect because the prognosis is grave or the treatment far to seek. *Pace* Drs. Hunter and Millar I neither said nor implied that I think science has destroyed the spirit of Christianity, that the latter is meaningless and void, or that science and technology are the anti-Christ: I am a Christian myself. I suggest they reread what I wrote. As to Dr. Hunter's Coventry Cathedral and York Minster, I am sure they are very nice and clean but how many people *pray* in them every day, and how many doubtless very dirty people prayed in Chartres and Gloucester cathedrals 500 years ago?

Dr. Hunter says “the problems of pollution, overpopulation, and famine are being tackled as never before.” This is possible as they have never existed before as they do now. However, his view on famine is not one that would appeal to the inhabitants of the Sahel at the moment. As to population, Britain's main sin is a high per caput consumption, so we now have a strong “free-the-pill-in-the-U.K.” movement. Our officially projected increase of population in the next 17 years is just over three million. And the current net weekly increase in world population is almost two million. I think such “tackling” pathetic and irrelevant. Yes, we do sometimes tackle pollution with anti-pollutants of much the same general character as the pollutants, and often more dangerous, but does it occur to Dr. Hunter that if we consumed less we should not be causing the pollution in the first place?

About nuclear weapons Dr. Hunter thinks the problem “has stimulated more responsibility in their handling than I would have thought possible.” Bernard Feld, Professor of Physics at the Massachusetts Institute of Technology wrote (*The Times*, 11 October), that the odds were about three to one on a nuclear device being used in the next 10 years and the chances of a nuclear war before 2,000 A.D. were worse. I share his realism and his gloom. Dr. Hunter says, too, that “as regards foreign doctors in our hospitals, let us never forget the many British doctors serving in foreign (mission) hospitals.” Is he then including under the head of natives in need of missionary activity (and I would not demur to the notion) the peoples of the U.S.A., Canada, and Australasia whose hospitals are as