episodes, dyskinetic movement disorder, and adaption as a drug of abuse, may all be added to the record of a drug which has already been associated with a small number of fatalities. As with other drugs introduced as substitutes for the amphetamines, claims have been made that fenfluramine is a drug of low toxicity which does not stimulate the central nervous system. These assertions can no longer be sustained, and it is imperative that the same caution be exercised in the use of this drug as would be appropriate to other central nervous stimulants—I am, etc.

SYDNEY BRANDON.

Department of Psychiatry,
University of Manchester.

REFERENCES

SIR,—I read with interest Dr. M. Y. Alvi's report of nightmares described by a patient who had been taking fenfluramine as an aid to reducing weight (25 October, p. 237).

Today I saw a female patient aged 45 for whom I had prescribed fenfluramine to be taken morning and evening five days ago. She complained bitterly of extreme sleeplessness and lethargy during the three days that she persisted in taking it, and indeed she claimed that apart from brief waking spells she slept for 24 hours after the first day's tablets, and was totally unable to get up to prepare her husband's breakfast and lunch on the other two occasions. On stopping the tablets at her own discretion she experienced a normal night's rest with a return of her normal daytime alertness. It would point out that she is a well-balanced, rather phlegmatic individual and has never exhibited any symptoms of anxiety, depression, or hysteria.—I am, etc.,

LEEDS.

Gerald Ellis, Yorks.

Avian-Battey Mycobacteria Infection

SIR,—In view of the increasing interest in atypical mycobacterial infections and the recent article on Avian—Battey group infection in England and Wales (17 May, p. 412) and the evidence from Western Australia (2 August, p. 306) we consider this paper by Drs. K. R. and J. R. Schaefer deserves serious consideration, as it is the first full year with the new drug. Correspondence of a family doctor. May I ask for clarification of several points arising from his discussion?

What immediate plans have been made for setting up and medically staffing the urgently needed district assessment centres (as distinct from one or two research centres)? It is obvious that highly skilled specialists are essential to appraise the complex neurological and mental problems which are so commonly found associated with the palsy.

Where does one find the centres he mentions, where it is "usually possible to make arrangements for...a preschool programme of treatment" to provide "passive stimulation and movement and an awakening of interest in under-used limbs"?

Where neither of these facilities are available, why are parents of such infants discouraged (as Dr. Wilson admits they usually are) from seeking the highly specialized treatment methods which provide sensory stimulation, play, and functional patterning? Such treatment must be provided in an environment which allows for the general stimulation of a child whose "inability to explore his environment may add sensory and social deprivation to his physical problems." I am sure that Dr. Wilson, like myself, must have seen good results from two well-known methods of such treatment, which aim at return to normality in some cases with the help of intensive therapy by the parents. (Neither of these methods is unrealistic enough to claim return to normality as its usual goal.)

Does objection to the methods exist as a consequence of the involvement of parents in the treatment? A sense of guilt may indeed be felt by parents who have been persuaded to undertake a laborious method and become discouraged. In other parents the advice of folded hands while awaiting spontaneous progress or institutionization may fit in with deep-seated rejection feelings. Nevertheless, there is a considerable number of parents who are so helplessly those who have seen their child (in whom a policy of inactivity encourages a deep sense of suspicion of their advisers, and of impotent unease. This can be even more frustrating than the sense of guilt felt by those who have tried and failed. Surely we should assess the emotional attitudes of both parents as carefully as we should make a realistic neurological assessment of the infant's capacity to progress.

May I take the liberty of quoting Dr. Wilson's words in a somewhat different context: "exchange of correspondence, even if faithfully undertaken, is only second best, and

**Correspondence**

**Management of Infants with Cerebral Palsy**

SIR,—The balanced discussion by Dr. J. Wilson on the management of children with cerebral palsy (18 and 25 October, pp. 152 and 211) is obviously intended for the guidance of family doctor. May I ask for clarification of several points arising from his discussion?

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