general practice, social medicine, public health and community medicine. Emphasis will also be placed on recording the simple and commonest forms of disease and problems seen in these subjects.

The Foundation will make available, primarily on loan as single slides or teaching sets of slides, to any teacher in medical or para-medical subjects from this collection.

The Medical Recording Service Foundation has already a considerable number of transparencies made either for its tape recorded talks or for illustration of future talks and teaching material. Some of these have come from other photographic departments and permission will be needed before they can be further used, but many have already been made by the Service itself and it is these which form the basis of the collection.

The Service has a growing number of requests for loans from its collection of transparencies and teaching sets of slides to improve medical teaching. There appears to be a serious shortage of illustrative material in the areas on which the collection is to concentrate, especially with the coming development of vocational training in these subjects.

The Nuffield Provincial Hospitals Trust has generously donated £2000 to the Foundation for use in 1971 to further the transparency collection project.

A specially designed punch-card catalogue is being prepared based on the Index Medicus Medical Sub-headings list of the National Library of Medicine.

Gifts of transparencies for the collection should be forwarded to **Dr. J. N. V. Graves, Kitts Croft, Writtle, Nr. Chelmsford.**

THE GEOFFREY EVANS LIBRARY

The Geoffrey Evans Library can be used by all members and associates of the College. It is intended that the library should run a reference and not a lending service, and the library staff will be pleased to answer any queries, check references or undertake bibliographical searches in the Cumulated Index Medicus. A photocopying service (financed by John Wyeth and Brother Ltd) entitles doctors to 100 free pages of photocopies a year, before a charge is made. The service is organized from the Royal College of Surgeons, after secretarial and clerical work at 14 Princes Gate, and we are very fortunate in having access to that library.

As part of a two-way traffic in information, the librarian would be pleased to know of published work by members and associates. We are attempting to build up a card catalogue of general-practitioner work. Also we are trying to form a collection of theses, and we would welcome any donation. If any doctors have unwanted copies of our own college *Journal* or sets of any periodical they no longer wish to keep, the library would be pleased to have these.

APPOINTMENTS

T. S. EIMERL, *D.S.C.*, V.R.D., M.D., F.R.C.G.P., has been appointed a senior medical officer in the Department of Health and Social Security, Alexander Fleming House, London S.E.1. with an interest in research in general practice.

In Memoriam

L. J. BARFORD, Leigh, Surrey
PHYLLIS M. BRASS, Christchurch, New Zealand
J. A. E. LAWN, Binbrook, Lincoln
E. A. LIPKIN, Liverpool 8
D. H. LIVINGSTONE, Christchurch, New Zealand
W. E. MACDOUGALL, Edinburgh 9
M. PURNENDER RAO, Swffryd, Monmouthshire
ALAN REZLER, London, E.5
EDWARD SILVERSTONE, Liverpool 18

Correspondence

Fluphenazine

Sir,

I was surprised and intrigued to read the letter from Dorothy West in your *Journal* (1970, **20**, 298) concerning fluphenazine and its reference to a new thalidomide, with all that that no doubt, meant to imply.

Fluphenazine can hardly be described as new since it has been freely available for some ten years and has, like trifluoperazine, to which it is very similar, been widely used in the treatment of schizophrenia, both drugs being available in this respect and in most ways apparently safer than chlorpromazine. This has been particularly true in the last three or four years in the use of delayed release injections of fluphenazine in the shape of fluphenazine enanthate and latterly fluphenazine decanoate which can be given on a monthly basis and provide control in this illness to a degree which has never before been possible. There are many references to this effect for those who care to look. One wonders if Dr West would prefer the

alternative which would be for the unfortunate sufferers of this disease to remain many of them under permament inpatient mental hospital care. There has never been any suggestion of a teratogenic effect but one is warned to avoid this drug during pregnancy if possible, as indeed is true with a large number of commonly used medical products.

With regard to her comments about side effects there are, of course, many minor side effects on a lot of drugs, not least perhaps such drugs as aspirin and indeed to give a list like this really means nothing since all drugs which are effective in the treatment of serious illnesses have their side effects and the only alternative would be to let everyone stay ill. I would, however, take her to task on two side effects that she lists, one is that of psychotic relapse. Whatever can she mean by this since the drug is used to treat psychoses in the first place, and if a relapse occurs while on the drug this would hardly seem such as one could describe as a side effect? I suppose that toothache might be considered a side effect of aspirin. The second one is that of depression. There have been reports of depression occurring in schizophrenics maintained on phenothiazines, fluphenazine included. One is also aware that before the advent of phenothiazines schizophrenics were still capable of getting acute depressive mood swings from time to time. Whether phenothiazines cause the depression is arguable but in any event one would like to hear from Dr West what she would suggest as an alternative to these excellent advances in the care of psychotic illnesses other than a return to the padded room and the straight jacket.

York. M. T. HASLAM.

Sir,

Dr West in your correspondence columns 1970, **20**, 298, requested the opinion of doctors on the use of fluphenazine.

Fluphenazine in tablet form was introduced in 1961. The first long-acting intramuscular preparation, the enanthate (Moditen), with an active period of approximately 14 days, became available in 1966. The deconoate (Modecate), with an active period on average of about 28 days, became available in 1968. The base for the intramuscular preparations is sesame oil, giving a slow release of the drug.

The fluphenazines are phenothiazines, the first members of this series became available in the early 1950's. In general, clinical indications and side-effects of the fluphenazine drugs are those of the phenothiazines, which have now been extensively used in psychiatric practice for one and a half decades. No evidence has been accrued over this period to suggest the need to withdraw any of these drugs, as was necessary with thalidomide.

As with many drugs skill is needed in usage, combining a balance of dose and frequency and, where necessary, appropriate measures to counter side-effects. Apart from ensuring regular medication, an additional favourable effect is the low average daily dose required, usually less than 1 mg per day when Modecate is given every twenty-eight days.

Graylingwell Hospital, Chichester. N. CAPSTICK

Sir,

I am sure many general practitioners were made to feel unnecessary concern by Dr Dorothy West's appeal to the emotions rather than reason in her letter about fluphenazine (*Journal of the Royal College of General Practitioners*, 1970, **20**, 298).

In her letter she refers to fluphenazine as a 'new drug', whereas in fact, it has been in use since 1961 and (to quote one of her references) has been found to be "as effective in psychotic illness as chlorpromazine, thioridazine, or trifluoperazine."[1]

It was with the introduction of the long acting injectable forms of this drug (fluphenazine enanthate and fluphenazine decanoate) that a major break through in the treatment of schizophrenia became possible. Prior to their introduction, the 'revolving door' problem of admission, stabilization, discharge, and relapse, appeared to be insoluble, due mainly to the failure of psychiatric outpatients to take oral medication, the failure rate being as high as 48 per cent.[2]

Here at last, was a drug with which it was possible to ensure adequate antipsychotic therapy, with a single injection every 3–4 weeks. To quote from another of the articles listed by Dr West, it was shown that out of a group of "chronic, hospitalized schizophrenics who had previously been found resistant to pharmacological control . . . discharge from hospital was possible for 41.7 per cent of the group."[3]

Her question "Is this the thalidomide of the '70s?" I feel, does not merit an answer, in view of the stringent control exercised by the Committee on Safety of Drugs. Dr West goes on to list all the possible side effects which may be encountered when using fluphenazine, but fails to point out that these can occur with any of the phenothiazine derivatives and in nearly all cases they respond promptly to anti-Parkinson medication.

As a general practitioner and clinical assistant in psychiatry I have at present the care of over 100 patients who have been discharged on fluphenazine decanoate and I would agree with the findings of Keskiner *et al*[4] that "serious side effects are rare under supervised conditions" . . . and . . . "that this should not be an objection to the use of these compounds." Dr West next raises the question of depression, and states that it "is quite common and tends to be severe." This has certainly not been my experience. Depression can of course occur, but it was pointed out long ago by Bleuler that acute melancholic reactions are the most common reactions occurring in the course of a schizophrenic illness. When depression does occur it will usually respond to one of the less sedating tricyclic antidepressants (e.g. imipramine) and/or ECT.

The importance of regular, periodic, review has already been stressed [5] [6] in order to detect