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

any mood swing, or deterioration in the patient's psychotic state. Provided this simple precaution is adhered to rigidly, there is less need for apprehension in the case of the patient discharged on fluphenazine enanthate or decanoate, than for for the patient discharged on oral phenothiazines. It would be interesting to know what personal experience Dr West has had of this drug and what prompted her letter.

Almondsbury HORACE TRUEMAN

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Book reviews

Ecology of the cancer patient. JOHN E. HEALEY, JR., M.D. Washington D.C., U.S.A. Interdisciplinary Communication Associates, Inc., 1353 28th Street, N.W., Washington, D.C. 2007. 1970. Pp. vii+184. Price $2.00.

This book is a very able condensation by Dr John E. Healey of three conference discussions on the problem of rehabilitation of cancer patients. The first was in February 1967 on 'The head and neck'; the second in April 1968 on 'The breast, extremities and nervous system'; and the third in April 1969 on 'The pelvic area'. The theme of the discussions was that the cancer patient has as great an expectation of life as the sufferer from stroke or a cardiac ailment, yet there remains a defeatist attitude on the part of both medical and lay persons towards cancer. This is in spite of a progressive improvement in the results of treatment.

Surgery and radiology may leave the patient with visible results, as in head and neck surgery; with alteration in function as in colostomy and laryngectomy; with alteration in sexual attitudes after removal of ovaries and testes; with locomotor problems after brain and spine surgery or limb amputation. Each of these will in addition have its emotional and psychiatric effect and may require support from doctors, ancillary staff and family.

It was argued that the most efficient way to treat cancer patients was to bring them to special centres for this purpose where they would be looked after by the requisite members of a team consisting of surgeon, radiation therapist, prosthodontist and ten ancillary helpers, from nurse to vocational counsellor, from clergyman to psychiatrist. As things are, however, apart from a few well staffed special centres there is little coordination and much ignorance of what goes on. There is little statistical knowledge available. For example, the incidence of head and neck cancer is unknown, as are survival rates after various surgical and radiological treatments.

The problem of who should initiate rehabilitation treatment provoked controversy. Generally the surgeons thought that they should do so, as they were in intimate contact with the patient and thus would know what was necessary. The psychiatrists and social workers on the other hand thought that surgeons were too busy and too often accompanied by a retinue of white coats to be able to establish rapport with him. Rehabilitation they argued should start before therapy to prepare the patient for what was likely to follow and should end only after the patient was back to a working day within his capacity, where he would be accepted by his family in spite of whatever disability he was left with.

From the point of view of medicine in this country it was surprising to find that there was no general practitioner at any of the conferences, little mention at any time of his existence, and certainly no thought of him as initiator, planner or helper in rehabilitation.

The book is well worth reading. The condensation is so well done that it is not only readable, but gives the cut and thrust and parry of argument. It rightly gives an optimistic slant to the after-treatment of cancer patients and underlines the urgent necessity for a plan to deal with it and the coordination and training of personnel. Our health service experts would do well to read it.

A dictionary of symptoms. J. GOMEZ. London. Paladin. 1970. Pp. 490. Price 12s. 0d. (60p).

This book is not intended for doctors. It is aimed at the intelligent family and compares well with its many competitors. It is well balanced and in its emphasis on probability diagnosis of symptoms like fatigue and headache it compares favourably with many standard medical texts. It does appear to have one consistent weakness; it is too brief on fertility control. The section on oral contraceptives and sterilization are disproportionately brief and male sterilization and therapeutic termination of pregnancy are not indexed and do not appear to have been mentioned at all. The range of normality is always difficult to define, but many family doctors today would not accept the statement on enuresis "wet nights up to five-and-a-half years are well within normal limits'. Taken over all this is a most useful book and could well be recommended to patients seeking advice about one to buy on this subject.