treatment-resistant psychotic patients almost invariably have unusual cognitive patterns on neuropsychological testing, most can be helped a great deal by the provision of a stress-free milieu (advocated by Murray), together with the careful provision of suitable occupations and recreations. Above all, they need appropriate supportive psychotherapy.

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SIR: I was astonished to read the Maudsley Grand Rounds case report (Roberts *et al*, *Journal*, December 1986, **149**, 789–793). Where is the data to support the view that all "acute symptoms of schizophrenia can be controlled pharmacologically"? Existing data suggests that a substantial proportion of cases show unremitting psychotic symptoms. The landmark Camberwell study of Brown *et al* (1972) included 29 patients who left hospital with persistent symptoms in the 101 consecutive admissions who were discharged to family households. The five patients who remained in hospital probably suffered persistent symptoms. Thus, it seems reasonable to conclude that at that time excellent treatment at the Maudsley Hospital was unable to induce a remission in one-third of cases.

Despite considerable recent advances in our understanding of the pharmacology of schizophrenia there is little evidence to suggest major advances in the efficacy of drug treatment. However, there have been developments in psychological interventions that appear to add to the efficacy achieved by drugs alone. These include a broad range of behavioural psychotherapy interventions (Hagen, 1975; Paul & Lentz, 1977; Falloon, 1985). Before advocating the low stress social environments offered by the long-stay asylum I would recommend pharmacologists to seek the assistance of a skilled behavioural psychotherapist in the comprehensive management of schizophrenia.

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Psychological Disorders in Obstetrics and Gynaecology

SIR: In her review of *Psychological Disorders in Obstetrics and Gynaecology*, Jequier (*Journal*, December 1986, **149**, 807) applauds the comprehensive coverage assembled by the editor of the book, R. G. Priest.

About one-fifth of all pregnancies end in spontaneous abortion or miscarriage, although estimates range from 10 to 43% (Miller *et al*, 1980; Llewellyn-Jones, 1982). This is comparable in frequency of occurrence to that of induced abortion, which Olley (1985) puts at about three in ten. Yet a complete chapter is given to the latter and the bare mention of the former is in a brief coverage of psychogenic factors in repeated abortion.

It is now being recognised in some of the literature (Raphael, 1984) that spontaneous abortion frequently has profound psychological effects and that these reactions are often missed or mishandled, partly because the event is dismissed as 'routine'. What a pity, then, that this "splendid contribution to the literature" has failed, like the reviewer, to give recognition to such a common and distressing, but often ignored, problem in obstetrics and gynaecology.

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