

The diagnosis of depression was based on the usual clinical criteria for depressive illness. Dothiepin was prescribed in 35 cases, clomipramine in 11 cases, and various other antidepressants in the remaining 20 cases. The only other drugs prescribed were flurazepam as an hypnotic and diazepam or lorazepam as sedatives. Patients were reviewed 2, 4 and 6 weeks after the initial prescription, and were first asked 'What effect did the tablets have on you?' If the answer did not indicate side-effects, they were then asked 'Did the tablets have any adverse effect on you or make you feel bad in any way?' Each patient was also asked 'Did you take the tablets for the full two weeks?' The justification for using interrogation as the method of determining compliance is discussed by Myers and Calvert (1973; 1976).

There were no statistically significant differences in age and sex or in prescription of the various antidepressants, or in distribution of the 9 defaulters between the groups.

Side-effects were reported by 87 per cent of the sample, with no significant difference between the groups, but the rate of discontinuance of medication differed significantly (see Table), being much less when written information was provided.

Ley *et al* (1976) have emphasized the importance of the patient understanding the instructions given him, and written information may help or perhaps increase the 'attention-placebo' effect (Haynes, 1976). We suggest that written information about side-effects should always be given both in clinical practice and in drug trials.

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TABLE
Knowledge of side-effects and continuance with medication in patients who experienced side-effects

	Group A No information	Group B Verbal information	Group C Verbal and written information
Continued	7	13	19
Discontinued	4	6	0
	X^2	df	p
Overall	8.06	2	< 0.02
A v B	0.0018	1	< 0.80
A v C	5.14	1	< 0.05
B v C	4.95	1	< 0.05

LIST OF BOOKS SUITABLE FOR A PSYCHIATRIC LIBRARY

DEAR SIR,

Dr Bowlby's Sub-Committee accept responsibility for design and contents of the *List of Books Suitable for a Psychiatric Library* recently published by the Royal College of Psychiatrists. As stated in the Preface, their aim is not completeness, but balance. We must refer to an extraordinary imbalance, which is much to the disadvantage of trainees.

Section R9, titled 'Family Psychiatry', suffers a curious omission: no book specifically on Family Psychiatry! The section is overburdened with works which are remotely connected with Family Psychiatry or whose theme is Family Therapy, an import from the U.S.A. only recently practised in this country and, of course, only a part of Family Psychiatry. The latter—a British innovation—is extensively covered in all its aspects (theory, psychopathology, diagnosis and therapy) in a seminal work, *Family Psychiatry* (1963), and later in *Theory and Practice of Family Psychiatry* (1968) and *Principles of Family Psychiatry* (1975), all three by Dr J. G. Howells.

It is unfortunate that trainees looking for guidance in the List will be denied the benefit of these fundamental volumes, which are indeed the only works titled 'family psychiatry'.

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