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HETEROCHROMOPHILIA

DEAR SIR,

I wonder whether any of your readers have encountered the condition of *heterochromophilia* which I described some time ago. This is the compulsion in human beings to choose a mate of different colour.

It was shown very nicely in the American engineer, Clarence King (1), who was born into higher American society, and met many wealthy and beautiful white girls, but preferred to sleep with coloured women, and indeed had a long series of coloured mistresses.

I have described elsewhere a similar case I encountered (2).

The condition appears to be rather more than a fetishism since no single article of clothing, etc., is the basis of the attraction, but the whole woman. Indeed, it appears to be in the nature of imprinting in human beings. The man behaves in a similar way to the ducks and geese, described by Lorenz, who find their own type unattractive but the imprinted one overwhelmingly fascinating. In human beings this imprinting seems to be caused by the colour of the nurse in babyhood.

It seems to be that apart from the implications as to its origin the condition is rare and not of great importance, but since we are getting more coloured women nursing white babies these days there is a likelihood of its becoming much more common.

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CHLORPROMAZINE IN CHRONIC SCHIZOPHRENIA

DEAR SIR,

The excellently designed study by Letemendia and Harris which appeared in the *Journal* for September, 1967 (pp. 950–958), on the evaluation of chlorpromazine in the untreated chronic schizophrenic patient, constitutes a real triumph of technique over purpose. The small doses used demonstrate conclusively that inadequate treatment will result in inadequate response. The National Institute of Mental Health co-operative study has already demonstrated that doses of 300 mg. a day of chlorpromazine are ineffective, but it is nice to have this confirmed. The N.I.H. found that doses of 500–600 mg. a day constitute a practical working minimum. On the package inserts in the United States the range is from 400 mg. to 2,000 mg. plus. In one of the standard American textbooks (Noyes and Kolb) the recommended dosage is 600–800 mg. Even Henderson and Gillespie suggest routine doses up to 400 mg. and occasional ones to 800; and Sargant and Slater in their *Physical Methods in Psychiatry* recommend 600–800 mg. and up to 3,000.

Since apparently the patients are still available, it would be a brilliant *tour de force* if Letemendia and Harris would repeat the identical experiment but this time use 600–900 mg. as a minimum. This might help resolve the high dosage versus low dosage controversy.

NATHAN S. KLINE.

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DEAR SIR,

Dr. Kline approves our technique but misunderstands our purpose. The title of our paper, which he quotes correctly, should make it clear that we were dealing with *chronic* schizophrenics, and we said explicitly that we shared the view that "the manifestations of *acute* schizophrenic illness can be controlled by chlorpromazine".

The dose of 300 mg. a day in chronic schizophrenia seemed to be in accordance with the practice of the time and with recommendations in the literature. Inquiries made recently in this country at other hospitals suggest that doses averaging 150–300 mg. a day are still customary in chronic schizophrenia, and it was our object to test whether such doses do in fact modify the course of the illness.

In answering Dr. Kline, it is really unnecessary to do more than state this point. However, it would be a pity to allow the impression to remain that all the authorities he cites agree with him in thinking that 300 mg. a day is an inadequate dose, and that much higher doses are always and necessarily required. Sargant and Slater, for example (*An Introduction to Physical Methods of Treatment in Psychiatry*, 4th ed.,

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