hospitalisation and recovery. Somewhere in the journey, I realised that I am a person with mental illness – that it is as much a part of my identity as fatherhood or professionalism. I am proud of all of these identities. I do not want to have to keep any of them a secret by passing as normal. Instead, I expect others to join me where I stand.

1 Corrigan PW. Resolving mental illness stigma: should we seek normalcy or solidarity? *Br J Psychiatry* 2016; **208**: 314–5.

2 Corrigan PW, Kosyluk KA, Rusch N. Reducing self-stigma by coming out proud. *Am J Public Health* 2013; **103**: 794–800.

3 Corrigan PW, Larson JE, Hautamaki J, Matthews A, Kuwabara S, Rafacz J, et al. What lessons do coming out as gay men or lesbians have for people stigmatized by mental illness? *Community Ment Health J* 2009; **45**: 366–74.

4 Corrigan PW, Matthews AK. Stigma and disclosure: implications for coming out of the closet. *J Ment Health* 2003; **12**: 235–48.

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Stephen Potts' review of *To Fathom Hell or Soar Angelic*

I am saddened to see the wholly negative review of my novel, *To Fathom Hell or Soar Angelic*, in the June 2016 edition of the *British Journal of Psychiatry*.[1] Obviously, I open myself up to opinions and critique when publishing anything – and especially on such a controversial subject as this – so my grievance is not about the reviewer's overall appreciation of the book, which he is obliged to state. Rather, I felt the review published in the journal was markedly unbalanced and unprofessional.

Completely disregarding the fact that the book itself is a work of fiction, and missing entirely the point about my intentional use of character stereotypes to get across the complexities of the subject, the review reads as an unnecessarily personal attack on my approach to psychiatry and medicine itself. I clearly do not hold views of contempt for psychiatry or indeed medicine, as the reviewer suggests. I have been working quite happily and successfully as a mainstream doctor for 20 years using mainstream methods. In stating otherwise, the reviewer betrays himself as irrationally fearful of exploring – or even considering – alternatives to the current medical models. It is extraordinary how a work of fiction could have stimulated such a defensive reply.

The review was riddled with misinterpretations. I object strongly to the reviewer erroneously accusing me of acting irresponsibly, by his cherry-picked and biased reporting of the facts as they appear in the book. The reviewer is forgiven for not understanding the complex pharmacology of psychedelic drugs; those of us in this field have become used to weathering such mistakes made by others regarding the risk–benefit ratio of these substances, albeit such errors are more often heard from the tabloid press than from medical professionals.

As a result of the reviewer's biased approach, he made no attempt to represent the other side of the debate regarding psychedelic drug research; rather, he simply stated his own personal opinions and used the review as platform to make his views heard. He stated his objection to the caricatured description of the novel's protagonist as a stereotypical establishment psychiatrist, yet appeared to miss entirely the balancing descriptions the book offers poking fun at the equally ridiculous drug-addled hippies. I can only assume the reviewer did not even read the book in its entirety.

I have written a number of book reviews myself over the years and I do not always agree with or necessarily like the book I am reviewing. However, I am always vigilant of the necessary guidelines around how to write a balanced review: to avoid being swayed by personal bias, to present the facts clearly and – crucially – to avoid unnecessarily inflammatory remarks. In this respect, I am surprised the review was considered to meet the usual expected standards of the journal.

1 Potts S. Book review: *To Fathom Hell or Soar Angelic*. *Br J Psychiatry* 2016; **208**: 596–7.

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Author's reply: I know from experience that negative reviews can sting, and it is tempting to lash out and shoot the messenger. I explicitly reviewed Dr Sessa's book as a work of fiction, but he objects most strongly to what he calls 'cherry-picked and biased reporting of the facts'. What should we make of 'facts' voiced by a fictional character? Dr Sessa gives no example, but on page 72, a leading character – presented as a hero – lists psychedelic drugs as 'not just LSD. Also psilocybin, MDMA, ketamine, Ibogaine . . .' and goes on to say that 'they are extremely safe. They are totally physiologically non-toxic'.

If this is a fact, it is simply false: ask any emergency department doctor (or, in the case of ketamine, a urologist). Is it cherry-picking to focus on this? Any balancing statement is deeply buried. Is it irresponsible to make such an unbalanced claim about non-toxicity? In my view, yes – although I am happy to be guided to the contrary by toxicologists. Is it unprofessional to point it out in a review? I'd say it was obligatory.

On page 283, the authorial narrator – not a character – describes an identifiable National Health Service general hospital: 'A more decrepit hell-hole masquerading as a clinical setting is hard to imagine . . . overflowing bags of discarded clinical waste – also known in the profession as patients – wait for collection by absent stoned porters.' I may be biased, having once worked there, but I expect the porters and professional colleagues employed at this hospital today would also see this description as contemptuous.

Dr Sessa stands by his novel. I stand by my review. Presumably, the journal stands by its decision to publish it. Perhaps we should all agree to let readers judge for themselves.

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How much of ketamine's antidepressant response is shared with ethanol?

In the informative review by Schoevers *et al*[1] about ketamine's potency in the management of pain and treatment-resistant depression, the authors perceive a latent risk of ketamine misuse resulting from these treatments and forecast that misuse will become more prominent if ketamine is used broadly in clinical practice. At this juncture, it should be emphasised that acute ethanol shares some pharmacological features with ketamine, all being parts of a cascade that precipitates enhanced synaptogenesis and connectivity in cortico-limbic networks:[2] non-competitive

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