

months I have had only two cases of dystonia—both of which occurred at some considerable time after starting the drug, one 4 weeks and the other 4 months after commencing treatment.

I should like to add to Dr. Simpson's comments (March 1967, p. 331) on Dr. Barker's statements about the onset of later extrapyramidal effects and that the patient who would not take oral phenothiazines is likewise unlikely to take anti-parkinson drugs. If a patient is being treated with fluphenazine enanthate presumably a physician is seeing the patient reasonably often, and even should long-term side-effects appear they would be detected early and at a stage when they are likely to be reversible.

More important, I would consider, is the effect of motivation. My observations of patients who stop taking oral phenothiazines would suggest that most fall into two groups: those who consider they are cured and require no further treatment now that they have lost their symptoms, and those who have no insight into their condition. The number of patients who have complained of side-effects as a reason for stopping treatment has, in my experience, been small. The motivation of such patients to take phenothiazines is small, whereas a patient on fluphenazine enanthate who gets a reaction to the drug has a much greater motivation to seek medical advice, as Dr. Simpson points out.

I agree with Dr. Simpson's sentiment concerning the usefulness of a long-acting anti-parkinson drug, a point I raised in the correspondence columns of the *B.M.J.* (2) recently when discussing fluphenazine enanthate. Even in the absence of such a drug I would support Dr. Simpson's plea that the side-effects of fluphenazine enanthate be viewed dispassionately and not be allowed to prevent its effective use in treating the "chronic relapsing schizophrenic", to whom this form of treatment would appear to be most useful.

JOHN LOWTHER.

*St. Cadoc's Hospital,  
Caerleon, Mon.*

#### REFERENCES

1. AYD, —. (1961). "A survey of drug-induced extrapyramidal reaction." *J.A.M.A.*, March 25, 1054.
2. LOWTHER, J. (1966). "Fluphenazine enanthate in maintenance treatment of schizophrenia." *Brit. med. J.* November 19.

#### ANAEMIA AND RETICULUM CELL HYPERPLASIA IN SCHIZOPHRENIA

DEAR SIR,

In her article (*Journal*, December 1966, p. 1285) Dr. Beattie described ten cases of blood and lymph

gland dyscrasias among 210 autopsy cases with a diagnosis of schizophrenia, which contrasted with only seven such disorders found in 1,216 post-mortem examinations of persons with mental disorders other than schizophrenic reactions. This is a very interesting finding, and Dr. Beattie offers two possible explanations for the observed cellular defects, (1) Kallmann's theory of a hereditary reticulum cell inadequacy associated with schizophrenia, and (2) the hypothesis of the presence of a noxious metabolite in schizophrenic patients.

Dr. Beattie does not mention drug medication, in particular phenothiazine derivatives, which could have played an important role in the aetiology of the observed myeloproliferative disorders. Dr. Beattie's period of investigation essentially spans the entire phenothiazine drug era. Blood dyscrasias following medication by phenothiazine or its derivatives have become commonly known. It has been shown that these compounds can affect among other cells all corpuscular elements of the peripheral blood and their precursors in the hematopoietic tissues. It would be valuable to analyse the pathological data Dr. Beattie collected from the viewpoint of abnormal drug response.

ERNST W. BAUR, M.D.

*Chief, Department of Biochemistry.*

*State of Washington  
Mental Health Research Institute,  
Fort Steilacoom,  
Washington 98494, U.S.A.*

#### THE LATE DR. HILDA LEWIS

DEAR SIR,

For many years Dr. Hilda Lewis took a keen, active and practical interest in adoption. She gave generously of her time and energy in this cause as paediatrician and psychiatrist, as Medical Adviser to the Children's Society, as member of the Executive Committee of the Standing Conference of Societies Registered for Adoption, as writer, and as counsellor on adoption matters to a wide variety of adoption societies and other bodies. She played a leading part in the establishment of the Medical Group of the Standing Conference of Societies Registered for Adoption—devoted to improving adoption medical practice—and was its first Chairman.

The Medical Group, in conjunction with the Standing Conference of Societies Registered for Adoption, proposes to establish a Dr. Hilda Lewis Memorial Fund with the object of endowing a Lectureship in her name. Lectures by distinguished workers in the field of adoption will be given from time to time at the Annual General Meeting of the