REFERENCES

KLEIN, D. F. and FINK, M. (1962). 'Psychiatric reaction patterns to imipramine.' *American J. of Psychiatry*, **119**, 432.

KLEIN, D. F. (1967) 'Importance of psychiatric diagnosis in prediction of clinical drug effects.' *Arch. gen. Psychiat.* **16**, 118.

RABINER, C. J. and KLEIN, D. F. (1969). 'Imipramine treatment of school phobia.' *Comprehensive Psychiatry* **10**, 387.

GITTELMAN-KLEIN, R., and KLEIN. D. F. 'Treatment of school phobia with imipramine.' *Arch. gen. Psychiat.* In Press.

[As indicated in the January issue, this correspondence is now closed. The above letter was, however, received before this could be made known.—Eds.]

DANGERS OF FLUPHENAZINE

DEAR SIR,

Although more informed comment will doubtless follow, we feel that Dr. West's letter (December 1970 p. 718) requires reply.

Firstly, it is probably scarcely necessary to point out that fluphenazine in oral form is by no means 'a new drug'—our own practical recollection takes us back to the early 1960s. The innovation is its availability as a sustained release phenothiazine. If, therefore, there is any doubt, it must be concerning the agents in which the injection is made available, the uncertainty of chemical interaction or the possibly altered form in which the compound becomes systemically available. As we understand it, this latter is likely to be a serum protein bound form rather than injection site release, but admittedly the situation is by no means certain.

Beyond this, however, over two years practical experience, and more recently an intensive period of in-patient study (which we hope, subsequently, to report in greater detail), have already confirmed for us the efficacy of such a slow release preparation where patient rejection is a cause for concern and when used in suitably selected cases. Our own impression confirms the occurrence of side-effects reported by Dr. West's references (with the possible exception of depression), but we feel this simply shows that we have been provided with a much more sophisticated tool than the manufacturers originally led us to believe, and that the problems of stabilization and maintenance call for considerable skill in establishing an effective yet trouble-free regime. Already, in a number of clinical cases which previously had developed clear patterns of hospital recidivism, the taking of such care has proved eminently worthwhile.

Being well aware of some cautionary reports, we would be the first to deprecate the use of long-term maintenance phenothiazines where this is avoidable and to stress the need for keeping such cases under continuous review. We feel, however, that one should also take cognisance of the small but increasing number of cases who, because of the advent of injectable phenothiazine, are remaining in the community as otherwise they would not have been able to do.

Of course, this comes back to Dr. West's original point, that relatively speaking the body of evidence is still small; but surely, beyond the utmost rigours of laboratory assessment and local trial, every drug ultimately has to stand the test of extended usage. Here particularly we are discussing a compound which has already brought much purposeful life to those who previously were denied it.

Like your correspondent, we await accumulating information, but on the facts already available we deplore the use of such an emotive phrase as 'thalidomide of the 70s' which seems to carry undertones of a regressive doctrine.

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DEAR SIR,

At the present time there are two long-acting injectable phenothiazines (L.A.P.) available in the United Kingdom, Moditen enanthate (fluphenazine enanthate) and Modecate (fluphenazine decanoate). Both these preparations are metabolized in the body to free fluphenazine or fluphenazine hydrochloride. The pharmacological action is, therefore, identical to oral fluphenazine, a drug which has been in use for some years. It is essential to appreciate that there is no evidence that the specific action of fluphenazine differs from that of phenothiazines. The potential benefits of long-acting phenothiazines come from their duration of action, the mode of administration, and the associated administrative regime of management.

The side-effects of fluphenazine are shared by all other phenothiazines, although the sedative effects may vary. It is true that once injected the drug remains active for several weeks, but this need not increase the risks to the patient provided that care has been taken to stabilize the patient on oral medication *before* transfer to the long-acting injectable form. All the side-effects listed in Dr. West's letter are known to occur with oral phenothiazines. It is well recognized that only fifty per cent of out-patients take their medication regularly, and it is

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likely that any recorded increase may simply be a reflection of the higher percentage of patients receiving regular medication or the increased frequency with which patients are seen. A possible additional hazard is a peak rise in the serum level of the long-acting phenothiazines between the second and sixth day after the injection. In our experience (Johnson and Freeman) there is quite likely to be a cluster of parkinsonian side-effects during this period. A smaller dosage given more frequently solves this problem.

Depressive mood swings in patients on long-acting phenothiazines may be aetiologically associated with the drug, as they may with any phenothiazine (Johnson, 1969; Dally, 1970), but affective changes occur frequently during the course of a schizophrenic illness, independent of any medication.

Suicide in schizophrenia is a complex topic. A schizophrenic illness frequently leads to suicide, and suicidal tendencies among admissions have been recorded as high as 20% (Slater and Roth, 1969). In a ten year follow-up (Markowe, 1967) the incidence was found to be approximately fifty times the rate for the normal population. It must be emphasized that the five cases of suicide reported by Alarcon and Carney (1969) have no statistical significance, since they were collected anecdotally and the number at risk from which they were drawn is unknown.

In Salford it has been our routine clinical practice to prescribe anti-parkinsonian drugs to all patients, and this probably explains our relatively low incidence of side-effects. In general no difficulty has been experienced in persuading patients to persevere with this type of oral medication. Although it would seem possible that such patients would not take their anti-parkinsonian medication where necessary, Simpson (1967) and Lowther (1967) have shown that patients on fluphenazine enanthate are motivated to taking anti-parkinsonian drugs even though previously they were unreliable at taking oral phenothiazines. A syndrome closely resembling a depressive illness has been observed in association with parkinsonian side-effects (Boardman, 1961), and it has been suggested (Ayd, 1966) that these symptoms subside promptly with administration of anti-parkinsonian drugs.

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REFERENCES

ALARCON, R. and CARNEY, M. W. P. (1969). *Brit. med. J iii*, 564-7.

AYD, F. J. (1966). *Int. Drug Therapy*. Letter, *i*, 1, Jan.

BOARDMAN, R. H. and FULLERTON, A. G. (1961). *Acta neural Belg.*, **61**, 75.

DALLY, P. (1970). *Pract.* **312**, 205.

JOHNSON, D. A. W. and FREEMAN, H. L. Awaiting publication.

JOHNSON, J. (1969). *Brit. med. J. iii*, 718.

LOWTHER, J. (1967). *Brit. J. Psychiat.*, **113**, 557.

MARKOWE, M. *et al.* (1967). *Brit. J. Psychiat.*, **113**, 1101.

SIMPSON, G. M. (1967). *Brit. J. Psychiat.*, **113**, 331.

SLATER, E. and ROTH, M. (1969). *Clinical Psychiatry*. London: Baillière.

[We have received other letters on this subject on the same lines. We have also been informed that Dr. West's original letter was identical with one published in the *Journal of the Royal College of General Practitioners* in November 1970, and that replies to her letter have since appeared in that Journal—Eds.]

MECHANISM AND MEANING

DEAR SIR,

Professor Hill's article 'On the Contribution of Psychoanalysis to Psychiatry' (*Journal*, December 1970, pp. 609-15) centres on the distinction between the words mechanism and meaning. It is claimed that the methods of physical and biological sciences are concerned with questions of mechanism, whereas the psychoanalytic method is concerned with questions of meaning. I would like to show how this distinction, as he defines it, is fundamentally misleading, and in the end unlikely to be helpful.

First we must find out what the author means by 'meaning'. I can do no better than quote him; (1) 'The answers which scientific activity provides are always questions as to how things occur and not answers to questions why they occur. The latter are questions peculiar to human experience and are of a *different order of abstraction* (my italics). The first is concerned with mechanism, the second with meaning.' (2) 'Psychiatrists are aware that neither knowledge of how things happen in the body, even in the nervous system, nor the full analysis of the outward forms of behaviour is sufficient for their purposes. We are of course concerned with what happens at the highest level of organization—with psychic experience... But having acknowledged this we are confronted with the fact that almost immediately we will be asking questions about why things happen rather than how they happen. This involves the understanding of meaning, a principle of explanation which runs counter to the principles of explanation on which medicine as a science has hitherto been founded... a meaning is not a product of causes, but the creation of a subject.'

These two passages make it clear that what Professor Hill is concerned with in his definition of meaning are questions which are outside the scope of scientific explanation, that is philosophy, metaphysics or what you will. So the difference of order

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