

presynaptic autoreceptor. This is interesting since this receptor has been implicated as a possible locus for the action of antidepressant treatments (Goodwin *et al*, 1985). In addition, electrophysiological evidence suggests that chronic antidepressants lead to a 'down regulation' of 5-HT_{1A}-mediated inhibition (Blier *et al*, 1988). While this has yet to be confirmed for the action of 5-HT on calcium currents, if it is, then clearly antidepressants have an opposing action to calcium-channel blockers by being able to decrease the ability of 5-HT to reduce calcium influx. Therefore the common pathway for the action of dihydropyridines and monoamines in affective disorders could be at the level of the calcium channel itself.

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Investigating psychosurgery

SIR: I was interested to read Al-Sheikhli's letter (*Journal*, June 1990, **156**, 903) and, like him, I wondered why psychosurgery had not been considered in Paykel's review of the relevance of research for the treatment of depression. Professor Paykel helpfully replied (*Journal*, June 1990, **156**, 904) and pointed out that psychosurgery, while having a place with severe resistant depression, needs more research into efficacy and indications.

However, in this letter my main purpose is to question Professor Paykel's statement that "I understand that the Mental Health Act Commission has comprehensive records ...". The Commission have been involved with a total of about 100 patients and the Act requires only opinions in writing from three

professionals for each patient. By contrast we have now carried out over 1200 operations since the mid-1960s and we have increasingly detailed information on all these patients over this period of time. Our problem is that money for research is not at all easy to obtain but, given better computer facilities, we have the richest possible information available for investigating psychosurgery.

Professor Paykel suggests that the College could take up the fact that more research into the efficacy and indications of psychosurgery is needed. At the foundation of the College a research committee was set up to investigate the value of psychosurgery. One of the main problems was that there seemed to be no treatments that could be used as a control. A protocol was suggested (Research Committee, 1977) but funding proved impossible.

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WHO consensus statement

SIR: We read with interest the WHO consensus statement on prophylactic use of anticholinergics in patients on long-term neuroleptic treatment (*Journal*, March 1990, **156**, 412). However, like Barnes (*Journal*, March 1990, **156**, 413-414), while we welcomed the statement, we also felt that it was too brief and failed to comment on some benefits of anticholinergic therapy. Such benefits may be of particular relevance in third-world countries where, for example, patients may experience extreme transport difficulties in reaching a hospital should acute neurological side-effects arise. The occurrence of an otherwise preventable acute dystonia may well exacerbate natural fear of 'western' medicine, so adversely affecting future compliance and willingness to return for further psychiatric care. Also, use of those antipsychotics which are less likely to produce side-effects may not be possible in situations where poor availability and relative costs must be taken into account. Other than from Morocco, there were no other African contributions to this WHO statement which may possibly explain why such factors were not considered.