have been most welcome even if the contributions had not been original.

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DEAR SIR,

All serious physicians and research workers will regret the publication of your peevish and highly misleading review of *Brain Hypoxia*, edited by J. B. Brierley and B. S. Meldrum.

I did not have the good fortune to attend the conference, but I have bought and studied this major and important work. It represents a landmark in our understanding of the way in which the insult of anoxia can damage the brain. Those who did attend the conference tell me that it was one of the most exciting and stimulating meetings of its kind. The delegates were all of international repute and their contributions are of the highest quality.

Serious psychiatrists are daily faced with the tragic results of our inadequate knowledge of brain hypoxia and its prevention. Workers in many other disciplines are also involved, particularly those concerned with obstetrics, perinatal paediatrics, neurosurgery and space travel. Epileptologists have an immediate and practical involvement.

The volume concerned is most beautifully edited and presented. Its publication is subsidized so that the price is remarkably low. This is a work that can be warmly and confidently commended to all your readers, except for those whose interests are limited to laboratory trivia.

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DEAR SIR,

I agree with both your correspondents that *Brain Hypoxia* is an excellent example of a book which is a collection of separate papers given at a symposium. It is well edited and printed, many of the papers are of a high standard, and Drs. Brierley and Meldrum can be congratulated on their production of a most attractive work. Nevertheless, it is only in the most unusual circumstances that the proceedings of a conference should be given wider circulation than among those who were actually present at it.

In general terms, the aims of scientific publication are: (1) to present the results of new research work and to discuss them, (2) to review the work done in a given field, and (3) to instruct students, other research workers, or a wider audience in a scientific subject. It is unlikely that the proceedings of a symposium will contain any worthwhile new information, because the majority of authors always first publish their results in reputable scientific journals. It is unusual for reviews to be given at such meetings, nor can it be maintained that a collection of papers from a symposium is an adequate substitute for a properly ordered textbook.

In the list of periodicals which have been more than once quoted between 1950 and 1960 in papers published by the *Journal of Physiology*, no less than 383 journals would be expected to accept papers dealing with aspects of brain hypoxia. Why add to this disastrous state of affairs by printing at length all the papers read at meetings?

The aim of my review was to discourage the unfettered proliferation of books of this kind; I do not regard it as either 'unhelpful' or 'highly misleading'. Most libraries, for instance, will feel compelled to buy these works. I, for one, object to their resources being squandered in this way.

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THE TREATMENT OF OBSESSIONAL NEUROSIS

DEAR SIR,

Obsessional states constitute one of the most disabling forms of neurotic illness (1, 2). Consequently, the observation that tricyclic antidepressants in high dosage may bring relief to a proportion of patients suffering from these disorders (3)—a view which has received support from uncontrolled studies (4, 5)—is of special interest. In this communication we report a retrospective investigation into the long-term effects of this form of treatment undertaken to determine whether the findings justified carrying out a prospective controlled trial.

A search of the case records of in-patients and out-patients attending the Professorial Unit of this Department over the past six years revealed that only 16 patients could be confidently diagnosed as suffering from an obsessional neurosis. The criterion for inclusion were that:

(1) ideas, images or impulses recognized as morbid and obtruding repeatedly into the individual's thought processes formed the central feature of the disorder;
(2) there was a sustained resistance against the ideas and the acts towards which the individual was compelled;
(3) they were not secondary to other conditions such

as anxiety state, depressive illness or schizophrenia.

Patients with co-existent organic disorders were excluded. Obsessional ideas and/or ruminations characterized the disorder in four patients, compulsive rituals in two patients, and combination of both in ten patients.

These patients had been referred to the Department after previous treatment had failed to be of benefit, and in some cases for consideration for leucotomy. There were eight male and eight female patients; the mean age at onset was 22·6 years and the mean duration of illness 8·6 years. Previous treatment had consisted of ECT (six cases), phenelzine (one) and chlordiazepoxide (three), and had been without benefit with the exception of one case in which ECT had brought temporary relief.

The tricyclic drugs prescribed were imipramine (eleven), amitriptyline (three), desipramine (one) and dothiepin (one). Eleven patients received 200–300 mg. daily, two of whom also had ECT. Eight of these patients were significantly improved one to three months later, and two unimproved. Five of the patients who improved had previously failed to respond to smaller doses (75–150 mg.). In no case did the compulsive symptoms remit completely. Thus 13 of the 16 patients (81 per cent) obtained significant short-term relief. Moreover, despite the high dosages employed, side effects caused minor inconvenience in only two patients (blurring of vision and constipation), and were absent in the remaining 14.

In order to assess the long-term outcome, a postal follow-up was carried out. The patients were asked to rate themselves on a global scale of improvement, and the results were as follows:

Recovered	3 (22%)
Marked improvement ..	9 (64%)
Unimproved or worse ..	2 (14%)

Two patients failed to reply. Thus, of the patients who responded to the questionnaire, 86 per cent regarded themselves as significantly improved as compared with their state before treatment. Each patient, with one exception, remained on tricyclic antidepressants in high dosage throughout the follow-up period (mean 4·2 years).

Despite the methodological shortcomings of this inquiry, the findings suggest to us that a prospective controlled evaluation of the long-term effects of tricyclic antidepressants in the treatment of obsessional neurosis is indicated. As the disorder is uncommon in hospital practice, such a trial might be most appropriately carried out as a multicentre project. In addition to evaluating the efficacy of tricyclic drugs information might also be obtained regarding the relative value of different tricyclic drugs, different dosages, oral and intravenous methods of administration, and the long-term effects of medication.

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THE MEANING OF THE SYMPTOM IN NEUROSIS

DEAR SIR,

Lazarus (1971) has pointed out that the 'symptom' presented by patients represents *internal* rather than external problems. While this has always been the view of psychoanalysts, it is only very recently that this view has also been expressed by a behaviour therapist. When a patient presents a symptom, what he is in fact saying is that he has become aware of an external situation which has become anxiety-provoking for him, while remaining unaware of the significance of the symptom in terms of psychopathology. This may only become clear to him as the symptom is being treated. Cautela (1965) first pointed out that patients develop insight *after* systematic desensitization, and it may well be that counteracting the anxiety associated with the symptom allows access to the underlying causes which were responsible for its production and mobilizes the original conflicts involved. This is seen particularly well in phobic patients, in whom desensitization may uncover severe sexual problems. This way of thinking is contrary to standard behaviour therapy teaching, which argues that the symptom alone constitutes the neurosis (Eysenck, 1960).

In behaviour therapy literature, it is frequently stated that behaviour therapy leads to emotional recovery in the patient. If this is so, it would seem to be very important to examine all the facets of the patient's recovery *other* than the symptom being treated. After a course of systematic desensitization it can be shown that many changes occur other than