account the sort of population we serve in the catchment area of St. Louis State Hospital, we did not find any excess of patients of Eastern European Jewish background with tardive dyskinesia. The vast majority of the patients were of course female, elderly, organically impaired and edentulous, and had had long-term phenothiazine therapy.

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A DOUBLE BLIND TRIAL OF PHENELZINE AND AMITRIPTYLINE IN DEPRESSED OUT-PATIENTS

DEAR SIR,

It seems important to make a comment on the paper by Kay, Garside and Fahy (*Journal*, July 1973, **123**. 63–7).

It is curious, and highly unfortunate, that the design of this interesting informative trial gave it an inevitable handicap against phenelzine. It is difficult to equate comparate doses of different drugs, and one way might be to establish the relative doses which produce the same proportion of therapeutic successes; another criterion of comparable dose might be the incidence of side-effects. On both of these premises, it is clear that the doses of phenelzine used in the trial were too low. It is stated in the paper that the dose used was between 15 mgm. and 45 mgm. a day 'according to the discretion of the consultants'. The former is, to say the least, a cheeseparing dose! There are ample published reports to show that 45 mgm. per day is usually the minimum, and that many patients who show no response to this level improve on double this dose. It has been my own experience, in extensive use of the MAOI drugs, that in contrast to other groups of drugs the dose used is rather critical and must be carefully adjusted for each patient, so that a difference of 1 or 2 tablets per day can turn dismal failure into remarkable success.

This seems to be confirmed by Ian Oswald (*J. Int. Med. Res.*, 1973, **1**, 296) who states 'In the case of the MAOIs there is a critical dose phenomenon, and only if a critical dose is exceeded does REM sleep suppression occur'. He adds that in those patients with endogenous depression who respond to phenelzine the delay in effect on REM sleep coincides with that on mood response.

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BURDEN RESEARCH MEDAL AND PRIZE

DEAR SIR,

Entry for the Burden Research Medal and Prize is open to all registered medical practitioners who are working in the field of mental subnormality in the United Kingdom or Republic of Ireland.

The award for 1974, total value £250, may be presented at Stoke Park Hospital on or about 1 April 1974, for outstanding research work which has been published, accepted for publication or presented as a paper to a learned society during the three year period ending 31 December 1973.

Five copies of the paper or papers, with application form, should be submitted to the Secretary of the Burden Trust by 10 January 1974.

Further information and application forms are available from the Secretary, Burden Trust, 16 Orchard Street, Bristol, BS1 5EA.

W. A. HEATON-WARD.