this is why we discontinued neuroleptic medication when it appeared in our patient; but this discontinuance was not enough to forestall the oncoming neurodysleptic syndrome.

While uncommon, the emergence of a parkinson-like syndrome after discontinuance of neuroleptic therapy is puzzling. Have there been any similar observations from other quarters? And should this occurrence be interpreted simply as a delayed effect, as a rebound effect, or as a true withdrawal syndrome?

D. De Maio.

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GILLES DE LA TOURETTE'S DISEASE

Dear Sir,

Dr. Friel (*Journal*, June 1973, **122**, 655–8) discusses the possible dopaminergic hyperactivity in the striatum of patients with Gilles de la Tourette's disease, concluding that it is a matter of speculation 'whether this hyperactivity is produced by enhanced release of dopamine, impaired inactivation of dopamine or hypersensitivity of the receptors'.

May I suggest a test which might help us to decide between these hypotheses? Lithium treatment appears to be effective in three disorders which are all thought to involve dopamine receptor supersensitivity in the striatum (1, 2): Huntington's disease (3, 4, 5), tardive dyskinesia (3, 6, 7), and the hyperkinetic phenomena induced by L-dopa in parkinsonism (8). There is so far no report on lithium treatment in Gilles de la Tourette's disease. If lithium should prove effective, the pathophysiology of this disorder would be linked to that of the other three mentioned, and receptor supersensitivity might be the common denominator.

Per Dalén.

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SERVICES IN THE COMMUNITY FOR THE MENTALLY ILL

Dear Sir,

I should like to reply to Dr. Burkitt's letter which appeared in the correspondence columns of the July issue of this *Journal* (pp. 131–2). May I mention first that I am Principal Medical Officer of Health and Community Psychiatrist for the London Borough of Haringey.

A number of psychiatrists, especially those involved in community psychiatric work have from time to time brought to the attention of the profession, the Department of Health and Social Security and even Members of Parliament, the present dichotomy between psychiatric workers in the community and those in hospital and referred not only to social workers and other psychiatric disciplines but also to psychiatrists themselves.

The Local Authority Social Services Act 1970 unfortunately initiated this split, and the contemplated legislation for the reorganized National Health Service seems to facilitate complete separation between the community and hospital psychiatric services.

I am given to understand, however, that it is still not too late to persist in making our views heard.

It is true that the proposed legislation mentions 'co-operation and liaison' between Local Authority Social Services Departments and the future Area Health Authorities, but any such 'arrangements' will only be permissive and tenuous and depend to a large extent upon the goodwill and sympathies of the respective people running the Local Authority Departments.

It must be emphasized that 'the decision to co-operate' rests with Local Authority officers and the legislation recommends that some of the Local Authority officers should become attached to the envisaged District Management and Health Care Planning Teams of the Health Authorities; yet no clear recommendations are made in reverse which

would delegate professionals from the Health Authorities to sit on Local Authority Committees and advise them on psychiatric matters which should not be decided upon in isolation. In any case their joint meetings without statutory backing are likely to degenerate into mere ineffective debating sessions. The idea that all Psychiatric Social Workers should be employed by Local Authorities and be lent to hospital psychiatric units make a nonsensical set-up which might well hamper the work of the psychiatric teams.

I have advocated for some time that unless all psychiatric facilities and services and their personnel, whether in hospital or the community, are brought together and made responsible to one and only one authority, namely the future Health Authority, any scheme is likely to fail from its very inception and merely accentuate the present state of the psychiatric services running in parallel (if not in opposite directions) rather than in union.

If these conditions persist it may well become a necessity for the hospital-based psychiatric teams to consider forming their own community service and possibly implement ideas on the role and functions of the Community Psychiatric Nurse (Seidel, 1970).

To end on a more optimistic note, the recently inaugurated Group for Social and Community Psychiatry of the Royal College of Psychiatrists might perhaps make it one of its aims to establish guidelines for, advise planning authorities on, and generally foster the community sector of, the comprehensive psychiatric service of the future.

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REFERENCE

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A COMPILATION OF PAPERS FOR THE USE OF POST-GRADUATE STUDENTS OF PSYCHIATRY

DEAR SIR,

The Clinical Tutors' Sub-Committee, through the courtesy of John Wyeth and Brother Ltd., have prepared a third printing of the compilation of selected papers for post-graduate students of psychiatry. A limited number are available, and those wanting copies should write to John Wyeth and Brother Ltd., Huntercombe Lane South, Taplow, Maidenhead, Berks.

This third printing has two additional papers, namely:

'Trial of maintenance therapy in schizophrenia', by J. P. Leff and J. K. Wing. *Brit. med. J.*, 1972, *iii*, 599–604; and

'Prophylactic lithium in affective disorders', by A. Coppen *et al. Lancet*, 1971, *ii*, 275–9.

Separate copies of these two extra papers may be obtained by those who wish to update their copies of the first two printings, by writing to Wyeth's at the above address enclosing a stamped (3p) addressed envelope (approximately 11 in. × 9 in.).

B. M. BARRACLOUGH.

ERRATUM

Metrazol (Leptazol, Cardiazol) with ECT

Dr. Corbett H. Thigpen writes as follows:

There was a typographical error in my letter appearing in the January 1973 issue of the *Journal* (Vol. 122, p. 123). *It is urgent that this correction be made.*

I fear that death might occur if a 10 per cent solution of Brevital were given intravenously. The sentence in the third paragraph should be corrected to read:

"The average patient is given approximately 8 c.c. of a *one per cent* (1 %) solution of Sodium Methohexital (Brevital)."