sors, statistical evaluation of the data is in order. Comparison of response to amitriptyline and nomifensine among non-suppressors does not reach statistical significance (P = 0.113, Fisher's exact test, two-tailed; use of the one-tailed test yields P = 0.057 but the hypothesis does not warrant a one-tailed test). Comparison of response to these two drugs among suppressors does not reach statistical significance either (P = 0.65). Lastly, comparison of response of non-suppressors with that of suppressors gives P = 0.208 for those patients given nomifensine, and P = 0.35 for those patients given amitriptyline. Again all tests are two-tailed. It is therefore hard to see what grounds Beckmann *et al* have for their speculation about biochemical subgroups of depression.

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INFORMED CONSENT

DEAR SIR,

My paper 'On Informed Consent' (*Journal*, October, 1983, **143,** 416–418) was intended to be a contribution to discussion rather than a full review of the subject. Perhaps because of its omissions C. J. F. Kemperman in his letter (*Journal*, March 1984, **144,** 331) appears to have misunderstood what I was trying to say. I did not suggest that patients should not be informed fully about what was being done to them. On the contrary, I thought that I had made clear that I always do my best to explain everything to them and that I expected other doctors to do the same.

My point about the lawyers' myth of 'informed consent' is twofold. First, it implies that the patients have made a rational and fully considered decision on the basis of the information given to them. As most patients do not know even the most elementary facts about biology, they cannot understand what is said to them. Even if they did, their emotional state is such that they are not really capable of making proper judgements. Second, 'informed consent' seems to imply that the patient has accepted some of the responsibility for the risks (either of treatment or research). It is my conviction that the doctor or investigator cannot be relieved of any of his responsibilities towards the patients and that the profession should make this quite clear. This responsibility is not altered in any way by an Ethical Committee accepting a research protocol.

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NEUROLEPTIC MALIGNANT SYNDROME

DEAR SIR,

Dr Hari Singh in his letter (*Journal*, July 1984, **145,** 98) draws attention to the hot weather contributing to the development of signs and symptoms of the neuroleptic malignant syndrome.

We have reported a case of the syndrome in other conditions. Our patient, a 26 year old man, had been on a long acting depot preparation (flupenthixol 40 mg. i.m. fortnightly) as maintenance treatment for schizophrenia. His symptoms of hyperpyrexia, marked rigidity and loss of consciousness were precipitated by working outside in cold weather while clearing the snow. His chest was clear.

This is in marked contrast to the case described by Dr Hari Singh. Our patient was admitted to the medical ward and treated with parenteral procyclidine (10 mg. i.m. three times daily) along with supportive measures. After recovering from the neuroleptic malignant syndrome he was recommended to remain on parenteral flupenthixol depot and on one year's follow up remains symptom free.

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Reference

BHUGRA, D. & LOW, N. C. (1984) Neuroleptic malignant syndrome. *British Journal of Clinical Practice*. In press.

MIANSERIN WITH WARFARIN

DEAR SIR,

I write concerning a letter from Dr. Warwick and Dr. Mindham (*Journal*, September 1983, **143,** 308) reporting a possible reaction between mianserin and warfarin.

I suspect there has been typographical error in reporting the prolongation of the prothrombin time to 25 seconds giving a ratio of 4.6. If the ratio is correct then one would expect the prothrombin time in seconds to be about 50 seconds and not 25 seconds.

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Professor Mindham writes that his letter gave 25 seconds in error, the correct figure being 55 seconds, ratio 4.6. *Editor.*

PHANTOM HEAD

DEAR SIR,

We were very interested to read the report of primary delusional bicephaly by Ames (*Journal*,

August 1984, **145**, 193–194). In the time-honoured tradition of ascribing the names of literary figures to interesting syndromes (eg Othello, Baron Münchausen), we suggest that this particular phenomenon could alternatively be named the "Zaphod Beeblebrox Syndrome" after the President of the Imperial Galactic Government and seven-times-voted Worst-Dressed Sentient Being in the Known Universe—who also had two heads (Adams 1979).

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Reference

ADAMS, D. (1979) *The Hitch-hikers' Guide to the Galaxy*. London: Pan Books.

CORRECTION

DEAR SIR,

I am writing to correct an error which appeared in our papers (*Journal*, **144**, 567 and 575). Owing to a clerical oversight in my office, we described Dr Hobson as a Member of the Royal College of Psychiatrists, when he is of course a Fellow.

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Book Reviews

Soviet Psychiatric Abuse: The Shadow over World Psychiatry. By S. BLOCH and P. REDDAWAY. London: Gollancz. 1984. Pp 288. £10.95.

Seven years after *Russia's Political Hospitals* the same authors bring us up to date. They do so in great detail, giving a blow-by-blow account of the struggle in Western psychiatric associations to protest effectively against the mounting evidence of political abuse of psychiatry in the Soviet Union. Every meeting and resolution is recorded with full stories of manoeuvres behind the scenes, the wording of rival motions to be debated, descriptions of famous psychiatrists as boldly intransigent on Soviet expulsion or weakly watering down protest for the sake of maintaining communication. The main events in the West are the Honolulu conference in 1977 (with the Declaration of Hawaii; a condemnatory vote against Soviet practices passed by a hair's breadth, to the Russians' fury; and the setting up of a committee to review the political abuse of psychiatry); the slow progress of the work of this committee, as it writes to the Soviet Union for information, waits months without replies, writes again, arranges further meetings to discuss what to do, and gets nowhere at all until the campaigns in the Royal College and the American Psychiatric Association get going and begin to pose a real threat of expulsion; and the build-up of the move to expel the Soviet Union from the W.P.A., and the dramatic Soviet resignation in January 1983 before the crucial conference in Vienna.

The manoeuvres make a good story, but more interesting, more novel to most of us, and more valuable to have available, is the material on the Soviet situation. The cases to discuss amounted to 200 cases up to 1976 and about 300 more since. The stories are all brief as case-histories, but some are nevertheless terrible, and some are well-known, such as those of Plyushch, Gorbanevska and Gluzman. Some important points are: Soviet use of special (i.e. secure forensic) hospitals rather than ordinary psychiatric hospitals, when what is claimed as the diagnosis is only nonviolent "sluggish" schizophrenia; Soviet lies that Western psychiatrists usually agreed with Russian ones on the diagnosis and dangerousness after they had seen the patients (they did not); the patients are quite certain that publicity and protests in the West helped them and saved certain hardships; Dr Low-Beer's brave trip in 1978, when he interviewed 9 dissenters and found 5 normal, 4 not normal but nevertheless confined only on the basis of excuses; and the truth behind the Soviet innuendo that those dissenter-patients who emigrated to the West turned out indeed to require psychiatric treatment (out of 43 emigrés, only 3 are known to have needed it).