

## Correspondence

*Letters for publication in the Correspondence columns should be addressed to:*  
The Editor, British Journal of Psychiatry, Chandos House, 2 Queen Anne Street, London, W1M 9LE

### EFFECTS OF HYPNOTICS ON ANXIOUS PATIENTS

DEAR SIR,

We read with interest the paper by Dr. Malpas and her colleagues in the May 1974 issue (124, 482-4) on the effect of hypnotics on anxious patients. We cannot accept unchallenged some of the points in the discussion.

Comparing the effects of a single dose of an hypnotic drug on young well subjects with the effects of multiple doses of the same hypnotic on older anxious subjects does not settle the argument whether the behavioural effect of hypnotic drugs in anxious subjects is different from that in normals. It is possible that had Dr. Malpas and her colleagues tested normal subjects at the end of a week's ingestion of the hypnotic they might also have adapted to its effects by then, so that there would have been little noticeable effect on behavioural or EEG testing compared with effects obtained by testing after a single dose.

In a new series of experiments on the effects of psychotropic drugs on driving performance, which we are about to start, we hope to test whether such adaptation does occur in normal subjects: a weakness of our previous study (Betts *et al.*, 1972) was that the deleterious effects that various psychotropic drugs had on driving performance in normal subjects were measured at the end of five doses only.

Neither we nor Dr. Malpas really know whether the effect of hypnotic and other psychotropic medication on performance tests in normals is the same as in the highly aroused. We suspect that the effect on performance of these drugs in anxious subjects is probably more complex than in normals (as anxiety itself has its own effects on performance, though even in normals effects do depend on personality variables), but we think there is little evidence so far that it is likely to be less. Dr. Malpas and her colleagues would presumably disagree.

If it is true that the effects of psychotropic drugs on performance depend on levels of arousal, then extrapolating from experiments such as ours, using normal subjects, to clinical populations of patients would be

treacherous. We would have liked to have tested performance in anxious patients taking various drugs or placebo on our driving tests: but the ethical and practical difficulties of using a patient population in this way prevented us. These difficulties are immense: if it can be shown that it is important to test behavioural effects of drugs on such a population these difficulties will have to be overcome. We remain to be convinced of this need.

Two further points in Dr. Malpas's study concern us. The first relates to the absence of any comment in her paper on any allowance made for likely carry-over effects between different drug treatments. The second concerns the analysis of data: the application of analysis of variance techniques to data which are apparently non-parametric is inappropriate.

T. A. BETTS.  
A. B. CLAYTON.

*University of Birmingham Department of Psychiatry,  
Queen Elizabeth Hospital,  
Edgbaston,  
Birmingham, B15 2TH.*

#### REFERENCE

- BETTS, T. A., CLAYTON, A. B. & MACKAY, G. M. (1972)  
Effects of four commonly used tranquillizers on low speed driving performance tests. *British Medical Journal*, 4, 580-84.

### MENTAL DISORDER AND SEASON OF BIRTH

DEAR SIR,

In their article (*Journal*, Jan. 1974, 124, 81) Drs. Hare, Price and Slater gave further evidence of an association between season of birth and functional psychosis, revealing a highly significant excess of winter birth among those who develop schizophrenic and manic-depressive illnesses. They stated that they would be interested to know whether such an association existed in other countries, 'especially those with widely different climates or in the southern hemisphere'.

We have recently completed a pilot study which