course the more probable explanation of the latter is that the more disturbed patients had longer treatment because they remained disturbed at discharge.

As only 10 of the cases were off school for over a year, and many may have been towards the end of their normal schooling careers anyway, seeing that cases were included up to age 16, not much can be concluded from the data presented. The sweeping conclusion that prolonged time away from school has no long-term effect would need far more carefully gathered data than those presented.

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DEAR SIR,

We are gratified that such a distinguished adult psychiatrist has taken an interest in our paper and we welcome his comments.

The 'underlying conditions' are listed in Table II. In 57 of our 67 children there was a psychiatric diagnosis apart from phobia of school per se. These conditions needed more than purely behavioural therapy, and we continued treatment where necessary after the child had returned to school. Fourteen cases relapsed some time after completion of treatment and discharge and needed further treatment, but 11 of these 14 children had returned to school. The need for further treatment was not related to return to school.

In the group off school over a year 3 were over 14, and in the group off 7–12 months 3 were over 14. The solitary 16 year old was off school under 6 months and returned to school.

Details of the extensive data we collected on these children are available on request.

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TRANYLCYPROMINE ADDICTION

DEAR SIR,

In 'A Case of Tranylcypromine ('Parnate') Addiction' (*Journal*, September 1979, **135**, 273–4), Ben-Arie and George pointed out that even though the supposed 'addict' had previously abused barbiturates and alcohol 'when depressed', there was 'no history of alcohol or other drug abuse during the period on tranylcypromine'. However, these investigators should realise that the patient's drug abuse just prior to being placed on tranylcypromine therapy could have kept his hepatic microsomal enzyme system in a stimulated state. Indeed, it might have taken several weeks before a normal, slower metabolizing rate could be restored (Conney, 1967). As this system metabolizes tranylcypromine, the need to rapidly increase the daily dose of this drug to relieve depression may not be due to an 'addiction', but just increased metabolic demands.

The possibility of autoinduction of metabolizing enzymes by tranylcypromine should not be ruled out either. This has been observed with several other drugs used in psychiatric practice, including chlorpromazine (Rivera-Calimlim *et al*, 1979) and phenobarbitone (Prescott, 1978). Autoinduction may result in faster metabolism and hence increasing dosage requirements of tranylcypromine.

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References

CONNEY, A. H. (1967) Pharmacological implications of microsomal enzyme induction—a critical reappraisal. *Pharmacological Reviews*, **19**, 317–66.

PRESCOTT, L. F. (1978) Clinically important drug interactions. In *Drug Treatment* (ed. G. S. Avery). Sydney, Australia: ADIS Press.

RIVERA-CALIMLIM, L., GRIESBACH, P. H. & PERLMUTTER, R. (1979) Plasma chlorpromazine concentrations in children with behavioral disorders and mental illness. *Clinical Pharmacology and Therapeutics*, **26**, 114–21.

OVERDOSE-TAKERS AND SELF-MUTILATORS

DEAR SIR,

It is widely accepted that deliberate overdose-takers and self-mutilators have many characteristics in common. For example, they are usually young, adult and female (Smith and Davison, 1971; Roy, 1978). Many ingest alcohol prior to self-injury (Ellis *et al*, 1966; Simpson, 1975). In most cases the self-injury was impulsive (Smith, 1972; Simpson, 1976), and many such patients have a personality disorder.

We report on 130 patients, 100 overdose-takers and 30 self-mutilators (by laceration). They were all consecutive referrals from the wards and casualty departments of two general hospitals in Newcastle upon Tyne. A standard history was completed on each patient, the data were analysed by chi-squared test and where the numbers were small Fisher's Exact Probability Test was used.

On the following items the two groups did not significantly differ:—sex, age, employment status, marital status, time when self-injury occurred,