

the acute phase and on a prophylactic basis for up to one year.

Of the 54 patients, 52 received variable doses of neuroleptics during the acute trial, and during the follow-up trial patients were given hypnotics, antidepressants, and neuroleptics when clinically indicated. The carbamazepine group required a higher average dose of neuroleptics in the acute phase, and no comparative information is given about neuroleptic dosage during the follow-up phase. This use of three different types of 'rescue' medication, which was not shown to be equivalent in the two groups, undermines the basis of the comparison made.

Our second reservation centres on the drop-out rate; 40 of the the original 54 patients were no longer in the trial at the end of the 12-month period. This also reduces the weight which can be given to the study. The authors' claim that carbamazepine is more effective as a prophylactic agent than lithium would appear to be poorly founded.

We would appreciate further clarification on the above points, particularly in view of more recent studies which take a less favourable view of carbamazepine as a mood stabiliser (Watkins *et al*, 1987; Frankenburg *et al*, 1988).

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References

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SIR: Dr Murphy *et al* are, in a sense, quite right in what they say. Our sample of patients and method could not have allowed us to answer the question "Is carbamazepine better than lithium in the treatment or prophylaxis of the average manic depressive patient?"

They have, however, missed the point, since that was not the question that we were trying to answer. We simply wanted to see which of the two drugs appeared to be more useful when given in the hurly-burly of ordinary acute psychiatric work and, as a supplementary point, whether one could pick out specific patients particularly likely to respond to either carbamazepine or lithium.

They appear also not to have understood the results that we reported concerning drop-out rates. We had an admittedly uncomfortably high proportion of patients who dropped out through non-compliance, and there were other patients who reached an end-point for the trial when they relapsed and were readmitted. Dr Murphy *et al* are combining both groups when they imply that 40 of the original 54 patients were drop-outs.

Most of us have the clinical impression that carbamazepine sometimes works in manic-depressive illness. Our study served to reinforce that impression, and also gave some hints about which types of patients might be expected to do best on carbamazepine (i.e. males with 'textbook' mania). Judging from their address, our critics are writing from a research institute of some sort. One hopes that they will soon get round to doing work with manics, both for its intrinsic value and because it might give them a clearer appreciation of the difficulties involved in doing methodologically pure studies on such a volatile group.

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Is screening for syphilis justified?

SIR: We were interested to read the report by Boodhoo on syphilis serology screening in an elderly population (*Journal*, August 1989, **155**, 259-262). In a recent prospective survey of 659 consecutive elderly hospital admissions, we found that 23 (3.5%) had positive serology (Corrado *et al*, 1989), a similar proportion to that reported by Boodhoo. However, in our study we established the ethnic origin of all patients (to differentiate syphilis from yaws), whether patients showed stigmata compatible with congenital infection, and also whether patients had been previously treated for syphilis in Leeds during the preceding 70 years. Dr Boodhoo has not included this information, which is great import in the interpretation of positive results.

As Lishman (1978) pointed out, syphilis can present with a variety of psychiatric symptoms, and therefore it is difficult to be certain that psychiatric patients with positive serology have not got neurosyphilis. This is particularly true of cognitively impaired patients, and like Dr Boodhoo we had great difficulty in deciding the relevance of positive serology, but only examined the cerebrospinal fluid (CSF) of one patient. It has been suggested that