

take sexual interest latencies (see MacCulloch and Sambrooks, 1972).

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DE CLÉRAMBAULT'S SYNDROME
ASSOCIATED WITH FOLIE À DEUX

DEAR SIR,

Dr. Pearce (*Journal*, July 1972, pp. 116-7) is slightly over-inclusive. De Clérambault in fact included both morbid jealousy and erotomania in his group of 'Psychoses passionelles', and the fascinating case described by Dr. Pearce is surely one of erotomania. While I would not wish to quarrel with the statement that 'the precise status of De Clérambault's syndrome as a nosological entity in its own right remains somewhat questionable', I feel that the use of the eponymous term is rather confusing.

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RESULTS IN A THERAPEUTIC COMMUNITY

DEAR SIR,

I am grateful to Dr. Myers for his courteous reply to my earlier letter (*Journal*, August 1972, p. 234) and do not wish to be unfair to the staff of the control ward in his study.

However, the descriptions given of the ward make it difficult to gauge what its character actually was. We are told that 'violence, or the myth of violence, was a constant preoccupation of the nurses . . . the senior nurses saw the function of the ward as discipline . . . sanctions tended to be punitive'. More fundamentally the ward was said to be one for which no single consultant had overall responsibility; the ward doctor only interviewed patients presented to him by the charge nurse. Dr. Myers now says that this is 'the best that can be achieved' with a traditional structure. Is this really true?

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A SINGLE DAILY DOSE OF
A NEW FORM OF AMITRIPTYLINE
IN DEPRESSIVE ILLNESS

DEAR SIR,

The study by Dr. Ijaz Haider, of which the abstract was published in the May 1972 issue of the *Journal* (120, pp 521-2), compares three times daily dosage of amitriptyline to a nightly dose of a sustained release form of the drug. His finding that both drugs acted comparably led him to conclude that the sustained release single dose form represented an advance in antidepressive therapy, if further trials confirmed his results.

We believe this conclusion to be unwarranted. Before such a conclusion is justified, the sustained release drug should be compared with once daily dosage of the regular preparation. Saraf and Klein (1971) have shown that single daily doses of imipramine are effective, produce no significant laboratory abnormalities, and can give fewer side effects. DiMascio and Shader (1969) reviewed studies comparing once or twice daily dosage with more multiple schedules. All comparisons showed either equal or greater clinical effectiveness for the less frequent schedule. Several investigators have found sustained release forms of phenothiazines to offer no benefit (Hollister, 1964; Hrushka *et al.*, 1966; Vestre and Schiele, 1966).

Before sustained release amitriptyline is considered an advance in anti-depressive therapy it should be compared to once daily dosage of the regular preparations.

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