

The implications of these studies for the prevention of vandalism revolve around the inter-relationship between public surveillance of property and individual respect for the property of others. Increasing surveillance may be easier to bring about, if architects and planners incorporate this demand into their designs; changing their attitudes towards property does not seem to be so easily accomplished.

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Longitudinal Research on Drug Use: Empirical Findings and Methodological Issues. Edited DENISE B. KANDEL. Washington: Hemisphere Publishing Corporation. 1978. Pp 314. £15.90.

Four possible groups should be directed towards reading this book. First policy makers in the UK who have yet to organise even a cross sectional survey of drug use should be shamed by 16 completed longitudinal population studies from the USA. Secondly the admirable synthetic introduction by Kandel lists 19 propositions derived from the findings regarding patterns of involvement in drugs, and antecedents and consequences of drug use. These should be of interest to any (and all) doctors who have any contact with adolescents or young adults since they are of obvious relevance to this country; the book should be borrowed for this chapter alone. The remainder of the

book consists of highly competent accounts of eight selected projects and four commissioned technical commentaries. These are of interest to the drug dependence professional and to anyone proposing longitudinal studies with model building and testing in the mental health field. Two will be mentioned as examples. Kandel delineates the factors preceding experimentation with drugs, including parental and peer group drug taking, and examines the much vexed question of progression between alcohol, cannabis, stimulants and sedatives, hallucinogens and heroin, suggesting that this may well be culturally dependent. Lee Robins investigated servicemen who used drugs in the particularly unpleasant social situation of Vietnam; she concludes that especially among persons predisposed to drug use (young, black and from inner cities) the situation facilitated drug use; thus the availability of drugs combined situational pressures to exaggerate preexisting demographic factors. The final target audience, I suggest, is anyone organising a conference and planning publication of proceedings. This well integrated and professional report from a conference sponsored by the Centre for Sociocultural Research on Drug Use of Columbia University, is a shaming example to compare with the usual dreary and haphazard mélange of papers that emanate from most such events.

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TEACHING PSYCHIATRISTS HUMANITY

DEAR SIR,

I think it may be appropriate to raise for discussion in your correspondence column a matter of psychiatric interest which was in fact reported in another journal. I refer to a recent subjective account of a schizophrenic illness reported in a recent number of the *British Medical Journal* (Wescott, 1979). I wish to comment on a single point.

The author of the paper notes that he had expected to find in his psychiatrist 'a certain amount of humanity' but that unfortunately he felt that this had been 'trained out' of psychiatrists in pursuit of scientific objectivity. It seems to me that this point

merits very serious consideration. In the fourth edition of the *Reading List in Psychiatry* published by the Royal College there are some 500 references. Although the writings of such people as Goffman, Scheff and Rosenhan are mentioned they in fact form a minute part of the list. Furthermore, there seems to be no reference to any subjective accounts of psychiatric illness as written by patients. Might I suggest a way of redressing this imbalance?

A series of such accounts, including experiences of treatment, could without too much difficulty be collected and reflect different categories of illness and treatment setting. This collection could then be issued as a special publication of the College. I feel

that this in itself would provide an incentive for the busy trainee to regard such considerations as being an essential part of his formal psychiatric education.

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Reference

WESCOTT, P. (1979) *British Medical Journal*, *i*, 989-90.

LUNG CANCER AND SCHIZOPHRENIA

DEAR SIR,

If it is indeed a fact that lung cancer is excessively rare among schizophrenic patients who smoke, this could be related to their medication. Phenothiazines are concentrated in the lung to a greater extent than in any other organ except the liver, and have been shown to possess antitumour effects both *in vitro* and *in vivo* (1).

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Reference

- (1) DRISCOLL, J. S., MELNICK, N. R., QUINN, F. R., LOMAX, N., DAVIGNON, J. P., ING, R., ABBOTT, B. J., CONGLETON, G. & DUDECK, L. (1978) Psychotropic drugs as potential antitumour agents: a selective screening study. *Cancer Treatment Reports*, *62*, 45.

A 48-HOUR PERIODIC MANIC-DEPRESSIVE ILLNESS PRESENTING IN LATE LIFE

DEAR SIR,

Since affective disorders with regular 48-hour cycles are rare (Gelenberg *et al*, 1978), and bipolar illnesses most frequently have an onset before the age of 40 years (Hopkinson and Ley, 1969; Woodruff *et al*, 1971), we wish to report a case of bipolar manic-depressive illness with a regular 48-hour cycle presenting in late life.

Mr H. M. was referred at the age of 70 years with a two-month history of "having mood swings, signing cheques and then cancelling them, and feeling that he 'needs to be locked up'." He gave a very clear account of being in "good form, too good form" on one day and feeling depressed and lacking in interest and energy on the following day. On elated days he experienced racing thoughts, and had many new projects, thinking of new adventures and securing a happy life for his wife after his death.

He often bought expensive things which he did not really need, and on one occasion he ordered two tractors. The good day was followed by 24 hours of depression, when he realised the blunders he had made and tried to correct them, cancelling the orders and cheques. He then became withdrawn and felt sorry for himself and had no energy, interest or appetite. He frequently, but not invariably, wakened early in the mornings. If he wakened at 2.00 a.m. he would quite suddenly experience a change in his mental state, "I'd know I'd changed, just like that".

There was a family history of a brother who had died in a mental hospital after being there for twenty years, but the nature of that illness could not be determined. Mr H. M. himself had had no previous psychiatric illnesses and had a good previous personality. He had always been very active, a self-employed and successful businessman who was independent and aggressive in his dealings and domineering in his family's affairs. He had had a happy childhood with no serious illnesses, nervous traits or neurotic symptoms.

On mental state examination he was always able to give a good account of his symptoms and had good insight into the nature of his disturbance. On elated days he was found to be interfering and talkative, in contrast with his depressed days when he was solitary and retarded. On physical examination he was a well-built healthy looking 82.7 kg man. His blood pressure was 130/80. The only abnormalities were a scar in the right fundus following an operation for detached retina, and osteo-arthritis of his left hip and knee.

The following routine investigations were carried out, and results were all within the normal range: haematological indices, blood urea and electrolytes, fasting blood sugar, liver function tests, VDRL and TpHA, serum B₁₂ and folic acid, FTI and TSH. Protein electrophoresis showed a monoclonal band in the gamma globulin which was identified as an IG lambda, and there was some immuno-suppression of IgM. There were no free light chains in the serum or urine, and the immunological findings were not considered to be significant. Chest and skull x-ray, EEG and brain scan were all reported to be within normal limits. Psychometric testing was carried out on one of his 'good days', and although his capacity for new verbal learning was unimpaired there was evidence of impairment in visuo-spatial memory and psychomotor retardation on the digit-copying test and memory for designs.

Initial observation in hospital confirmed his story of regularly repeated days of hyperactivity followed by retardation, and his subjective symptoms were