

statistical tests . . . since the population samples studies are not homogeneous with regard to distributions of age or IQ', does not hold. There is hardly any difference in age distribution: Mean and S.D. 27.15 ± 9.59 vs. 27.63 ± 6.00 . The difference in IQ's of the experimental and control groups was precisely one of the findings of the study, a fact which indeed is of interest, since the difference of the distribution of educational level and occupation of brothers and fathers between the two groups was to the advantage of the patients with 47,XXY and not to the patients of 46,XY.

Finally, it should be mentioned that to secure an unbiased attitude on the part of the examiner the psychological investigation was carried out blindly, the psychologist possessing knowledge of neither anamnestic data, psychiatric evaluation, or results of physical and cytogenetic examinations.

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PEMOLINE IN OVERACTIVE MENTALLY HANDICAPPED CHILDREN

DEAR SIR,

Amphetamine has been described as a useful drug for the treatment of overactivity in mentally handicapped children.

Response has been demonstrated in children suffering from behaviour problems associated with an abnormal EEG, certain types of epilepsy and in some aggressive psychopaths. A panel appointed by an American Department of Health, Education and Welfare reached the conclusion that no dangers exist for children if amphetamine treatment is properly applied and therefore gave it their seal of approval in the treatment of hyperkinetic children (American letter, *British Journal of Hospital Medicine*, August 1971).

Spencer (*British Journal of Psychiatry*, August 1970) reporting the results of a double blind trial with pemoline (Ronyl) concluded that it may be of value in the treatment of overactive mentally subnormal children. I therefore made the following trial.

Nine overactive, severely subnormal children, aged between 12-16 years were given a trial dose of pemoline 20 mgs. t.d.s.; their previous medication (usually anticonvulsant and/or major tranquillizer) continued unchanged during the trial. The patients' response was assessed at weekly intervals based mainly on clinical observations: Hyperactivity,

Aggressiveness, Destructiveness, and Antisocial activities.

The result was that four of the children, during the first week of the trial, showed a marked deterioration in all aspects of their behaviour so that pemoline had to be discontinued during the second week and they soon reverted to their previous behaviour pattern; of the remaining five children, after eight weeks of treatment, two showed no response, two improved with prominent reduction of overactivity, and one showed remarkable improvement in all aspects.

The result of this study, despite the small number involved and the disadvantages of having as criterion clinical observations only, seems to show that pemoline may be a drug of valuable assistance in the treatment of some overactive, destructive, mentally subnormal children.

Acknowledgements are due to the Nursing Staff at St. Margaret's Hospital, Birmingham, for their valuable assistance.

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MEDICAL PRACTICE

DEAR SIR,

The figures of patient turnover given recently for a general medical unit of 60 beds under two whole-time consultants (1), are of interest to compare with those of the psychiatric 'firm' serving the statistically typical population of the Parliamentary constituency of Gravesend and North Kent (about 100,000 people). This 'firm' has one whole-time consultant and about 25 admission beds (there being no rigid allocation). Like the medical unit, the psychiatric 'firm' runs four weekly out-patient clinic sessions, but also a day hospital and a longer-stay in-patient commitment now mostly unrelated to its present catchment area.

TABLE
*Annual average numbers of patients per whole-time consultant
over a three-year period*

	Gravesend psychiatric 'firm' (1969-72)	'Uxbridge' medical unit (1968-70)
Admissions	245	704
Rate per bed	10	24
New out-patients . .	431	523
Reattendances . . .	1,623	2,270

Over the three-year period tabulated and for at least five years before that there has been relatively little accumulation of long-stay psychiatric patients, annual figures for discharges and deaths approximating to the numbers admitted. The 'firm's' medical secretary fulfils functions and carries responsibilities essentially comparable to those analysed by Gooch and his colleagues for the medical secretaries to the medical unit.

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REFERENCE

1. GOOCH, J. H., HARCOURT, R. A. F., IBBETSON, J. F. R., and WHITMORE, D. A. (1972). *Brit. med. J.* *iii*, 456.

THE FRENCH CONGRESS OF PSYCHIATRY AND NEUROLOGY

DEAR SIR,

I have recently had the opportunity to take part in the 70th Congress of Psychiatry and Neurology in the French language in Tunis. The main themes of the Congress were:

1. The family environment in the development of schizophrenia.
2. The world of the left hemiplegic patient.
3. Legal psychiatry in the military milieu.

Between the long list of informal communications on therapy a large part was devoted to long acting tranquillizers such as Modecate and a new one, Pipothiazine (RP.19551) May & Baker, which is now being evaluated in Britain. I find it regrettable that for the first time for a long time the Royal College of Psychiatrists was not represented at this Congress, especially on the eve of Britain's entry into the European Community.

B. ALAPIN.

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FELLOWSHIP IN COLLEGE UNIVERSITY MENTAL HEALTH PROGRAM DEVELOPMENT

DEAR SIR,

The Mental Health Program of the University of Florida Student Health Services offers five post-graduate fellowships for a year-long, N.I.M.H.-funded program in College Community Mental Health Program Development from 1 July 1973 through 30 June 1974, available to psychiatrists, psychiatric social workers, and psychiatric nurses with evidence of interest and involvement in college mental health programming. For further information and application forms, write to: Ben Barger, Ph.D., Director, Mental Health Program, at the address below, or phone (904) 392-1171 before 1 February 1973.

BEN BARGER.

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TENNIS PSYCHOLOGY

DEAR SIR,

I am planning to edit a book with the tentative title above and am seeking contributors to it. I should be grateful if anyone interested in contributing would write to me at the address below.

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A CORRECTION

We regret that in the article 'Influence of family life on the course of schizophrenic disorders' by G. W. Brown, J. L. T. Birley and J. K. Wing (*Journal*, September 1972, 121, 241). Diagram A on p. 247 has two arrows missing. It should read as follows:

