

psychological casualties”, this does not apply to Pyrrhic victories. Ultimately, the French defeated the Germans at Verdun in December 1916 but suffered greater casualties, many of which were treated in their newly established ‘neurological’ centres set up close to the front line (Roudebush, 1995).

We cannot accept that the term ‘fatigue’ was misused. In fact, the War Office report (1951) from which we quoted used both “exhaustion” and “fatigue” to describe servicemen suffering from acute combat stress (War Office, 1951: 7). It is not true to say that all of these men were simply ‘war-weary’ as Palmer claims. A detailed analysis of 153 cases admitted to 30 corps’s Exhaustion Centre in the week ending 18 June 1944 showed that 47 (30.7%) were recently enlisted replacements (Wishart, 1944). It is likely that these men had not been given adequate time to become fully assimilated in their units and, without the protection of group cohesion, rapidly broke down. Equally, UK reservists recalled to fight in Korea, who might be presumed to have been war weary, often recorded lower rates of cold injury (an index of morale) than their younger and less experienced counterparts (Watts, 1952).

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### An alternative to interruption of treatment in recurrent clozapine-induced severe neutropenia

The use of clozapine is limited by the potential for haematological adverse effects (Young *et al*, 1998). Facing the occurrence of neutropenia the generally accepted attitude is to interrupt the treatment, and re-challenge with clozapine is usually avoided. We report the case of a woman with schizophrenia who was re-challenged with clozapine 10 years after she had developed severe neutropenia under clozapine, and who has been kept on this medication despite the occurrence of three episodes of severe neutropenia by using granulocyte and macrophage colony stimulating factor (GM-CSF) repeatedly.

Miss M. was first admitted in 1988 for an acute psychotic episode. After failing to respond to two standard neuroleptics she was started on clozapine. Her clinical situation improved markedly. The treatment was interrupted after 6 weeks when she developed severe neutropenia. Despite various treatments she continued to hallucinate and be delusional over the next 10 years. In 1998 she was admitted because of the aggravation of her clinical state. During her 8-month hospital stay, olanzapine and sertindole, alone and combined with benzodiazepines, antidepressants and mood stabilisers, were tried without improvement. Clozapine was reintroduced. The clinical situation improved markedly and the patient left the hospital 3 weeks later. She eventually

went through three episodes of severe neutropenia at weeks 10, 35 and 48, that were all successfully treated with one subcutaneous injection of GM-CSF. The clozapine dose had been gradually increased up to 450 mg/day by week 40.

The use of colony stimulating factors has been reported as a means to continue treatment despite the occurrence of severe neutropenia. However, in the case described the cytokines had to be administered only once and the dosage of clozapine was relatively low (Sperner-Unterweger *et al*, 1998). In the present situation, the treatment was continued despite three successive episodes of severe neutropenia and the dosage of clozapine being increased up to 450 mg/day. Even if this strategy should remain exceptional, it offers an alternative to the interruption of treatment with clozapine in some of the most severe cases.

### Declaration of interest

None with respect to Novartis (manufacturers of clozapine). P.B. is on the advisory boards of Pfizer and Eli Lilly, and has received grants from Pfizer, Lundbeck, AstraZeneca and Aventis, who have interests in the manufacture of antipsychotics.

**Sperner-Unterweger, B., Czeipek, I., Gaggl, S., et al (1998)** Treatment of severe clozapine-induced neutropenia with granulocyte colony-stimulating factor (G-CSF). Remission despite continuous treatment with clozapine. *British Journal of Psychiatry*, **172**, 82–84.

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## One hundred years ago

### The Medico-Psychological Association of Great Britain and Ireland

THE Medico-Psychological Association of Great Britain and Ireland held a general

meeting on Nov. 21st at 11, Chandos-street, W., which was presided over by Dr. Fletcher Beach and was numerously attended. The meeting began at four and lasted for nearly three hours, three papers, with interesting discussions on each, being

read in that time. The first paper was on Mental Disorders dependent on Toxæmias, by Sir Dyce Duckworth, and will be found printed in full at p. 1475 of this issue of THE LANCET. Our report of the discussions and of the other papers will

appear later. Sir Dyce Duckworth was followed by Dr. F. W. Mott, who spoke at some length on Poison, Stress, and Inherited Tendency. After Dr. G. H. Savage had contributed a spirited criticism Dr. E. Goodall and Dr. Charles Mercier continued the discussion. Travel: its Abuse and Use in Mental Diseases was the subject

of the next address by Dr. Savage. This theme elicited some valuable remarks from Sir Hermann Weber and Dr. Symes Thompson. The meeting had already lasted over two hours but the greater number stayed to hear Dr. Lewis-Jones on the Application of Electricity in certain Forms of Mental Diseases, and an interesting

discussion on this therapeutic suggestion followed.

#### REFERENCE

*Lancet*, 24 November 1900, 1518.

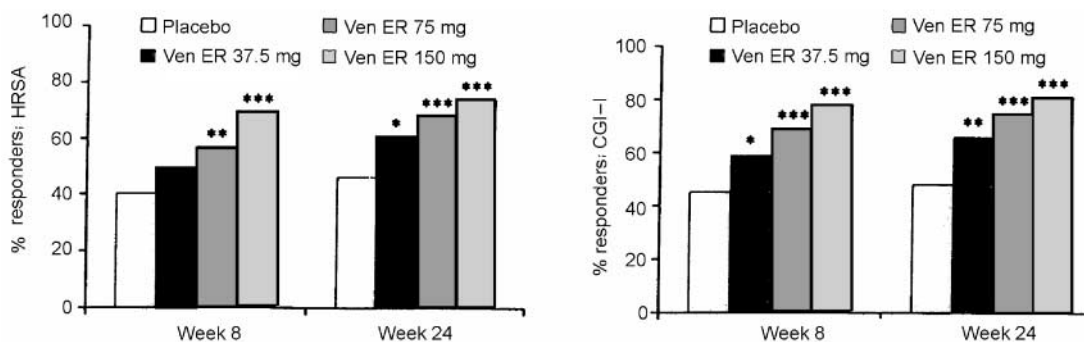
Researched by Henry Rollin, Emeritus Consultant Psychiatrist, Horton Hospital, Epsom, Surrey

## Corrigendum

Venlafaxine extended release (ER) in the treatment of generalised anxiety disorder.

Twenty-four-week placebo-controlled dose-ranging study. *BJP*, 179, 15–22. Figure 2

(p. 20) was incorrectly labelled as originally published, and should be:



**Fig. 2.** Percentage of responders at weeks 8 and 24 as assessed by a 50% reduction from baseline score in the Hamilton Rating Scale for Anxiety (HRSA) (left) or a Clinical Global Impression of Improvement (CGI-I) score of 1 or 2 (right): \* $P < 0.05$ ; \*\* $P < 0.01$  and \*\*\* $P < 0.001$  for venlafaxine ER v. placebo in intention-to-treat sample using the last observation carried forward method.