Correspondence

Editor: Ian Pullen

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Inside Ciba-Geigy

SIR: Dr Birley's review (this issue, p. 286) of this book, published three years ago, focuses on a significant part of Ciba-Geigy's history and highlights the importance of total commitment to the needs of patients. The matters described in the book are of historical interest only, for as Andrew Chetley (1990) writes:

"Ciba had established several measures to help manage potential or emerging product issues, including the Medical Product Committee (which monitors and constantly reassesses the safety of marketed products), the Product Information Policy and Product Communications Audit (which codifies and controls all drug information), and the Product Issue Management and Early Warning Systems (which addresses drug issues from a pharmapolitical perspective). Nonetheless, the Company wanted to do more about drug safety and at the end of 1986, Ciba began developing an ambitious programme on the Risk Assessment of Drugs - Analysis and Response (RAD-AR) whose aims were to improve understanding of the various factors involved in assessing drug risk in today's complex society and to ensure that the Company's methods of informing about and promoting its drugs did not contribute to that risk".

Ciba-Geigy is committed to accepting its social responsibilities and to communication with consumers and others with legitimate interests in its business. We welcome constructive criticism from bodies such as MALAM. Constructive criticism is a vital part of innovation and these interactions help Ciba-Geigy to be a world leader in scientific knowledge and ethical practice, both key to our present and future business success.

CHETLEY, A. (1990) "A Healthy Business" World Health and the Pharmaceutical Industry. London and New Jersey: Zed Books Ltd.

G. PARR

Ciba-Geigy Pharmaceuticals Wimblehurst Road Horsham West Sussex RH124AB

Manufacture of multiple personality disorder

SIR: I am angered by Merskey's article (Journal, March 1992, 160, 327–340), just as I was by Fahy's review on the same subject (Journal, September 1988, 153, 597–606). I did my psychiatric training in Galway in the early 1980s and immigrated to Canada in 1986. At that time I was also very sceptical of the diagnosis of multiple personality disorder (MPD) but that has changed in my last six years of practice; through diagnosing and treating people with MPD and other sequelae of sexual abuse, and attending conferences on the subject, I now have no doubts that such an illness exists.

I do not use hypnosis in diagnosing or treating this or any other condition, nor would I even think of suggesting this diagnosis at the initial interviews. I have found that patients are so ashamed of their symptoms, of their feelings, of hearing voices in their head, of their loss of memory and of feeling that they are a freak or are going crazy, that they think I will not continue to treat them if they disclose these feelings or symptoms. I have found that patients are often in treatment for many months to years, testing and learning to trust me before they are willing to