sors, statistical evaluation of the data is in order. Comparison of response to amitriptyline and nomifensine among non-suppressors does not reach statistical significance (P = 0.113, Fisher's exact test, two-tailed; use of the one-tailed test yields P = 0.057 but the hypothesis does not warrant a one-tailed test). Comparison of response to these two drugs among suppressors does not reach statistical significance either (P = 0.65). Lastly, comparison of response of non-suppressors with that of suppressors gives P = 0.208 for those patients given nomifensine, and P = 0.35 for those patients given amitriptyline. Again all tests are two-tailed. It is therefore hard to see what grounds Beckmann *et al* have for their speculation about biochemical subgroups of depression.

LOUISE BRADDOCK

Littlemore Hospital,
Oxford OX4 4XW

INFORMED CONSENT

DEAR SIR,

My paper 'On Informed Consent' (*Journal*, October, 1983, **143,** 416–418) was intended to be a contribution to discussion rather than a full review of the subject. Perhaps because of its omissions C. J. F. Kemperman in his letter (*Journal*, March 1984, **144,** 331) appears to have misunderstood what I was trying to say. I did not suggest that patients should not be informed fully about what was being done to them. On the contrary, I thought that I had made clear that I always do my best to explain everything to them and that I expected other doctors to do the same.

My point about the lawyers' myth of 'informed consent' is twofold. First, it implies that the patients have made a rational and fully considered decision on the basis of the information given to them. As most patients do not know even the most elementary facts about biology, they cannot understand what is said to them. Even if they did, their emotional state is such that they are not really capable of making proper judgements. Second, 'informed consent' seems to imply that the patient has accepted some of the responsibility for the risks (either of treatment or research). It is my conviction that the doctor or investigator cannot be relieved of any of his responsibilities towards the patients and that the profession should make this quite clear. This responsibility is not altered in any way by an Ethical Committee accepting a research protocol.

MAX HAMILTON

University of Leeds,
Leeds,
England

NEUROLEPTIC MALIGNANT SYNDROME

DEAR SIR,

Dr Hari Singh in his letter (*Journal*, July 1984, **145,** 98) draws attention to the hot weather contributing to the development of signs and symptoms of the neuroleptic malignant syndrome.

We have reported a case of the syndrome in other conditions. Our patient, a 26 year old man, had been on a long acting depot preparation (flupenthixol 40 mg. i.m. fortnightly) as maintenance treatment for schizophrenia. His symptoms of hyperpyrexia, marked rigidity and loss of consciousness were precipitated by working outside in cold weather while clearing the snow. His chest was clear.

This is in marked contrast to the case described by Dr Hari Singh. Our patient was admitted to the medical ward and treated with parenteral procyclidine (10 mg. i.m. three times daily) along with supportive measures. After recovering from the neuroleptic malignant syndrome he was recommended to remain on parenteral flupenthixol depot and on one year's follow up remains symptom free.

DINESH BHUGRA

Carlton Hayes Hospital,
Narborough,
Leicestershire LE9 5EJ

Reference

BHUGRA, D. & LOW, N. C. (1984) Neuroleptic malignant syndrome. *British Journal of Clinical Practice*. In press.

MIANSERIN WITH WARFARIN

DEAR SIR,

I write concerning a letter from Dr. Warwick and Dr. Mindham (*Journal*, September 1983, **143,** 308) reporting a possible reaction between mianserin and warfarin.

I suspect there has been typographical error in reporting the prolongation of the prothrombin time to 25 seconds giving a ratio of 4.6. If the ratio is correct then one would expect the prothrombin time in seconds to be about 50 seconds and not 25 seconds.

DONALD C. FORSTER

Prince Henry's Hospital,
Melbourne,
Australia

Professor Mindham writes that his letter gave 25 seconds in error, the correct figure being 55 seconds, ratio 4.6. *Editor.*

PHANTOM HEAD

DEAR SIR,

We were very interested to read the report of primary delusional bicephaly by Ames (*Journal*,