

At 9.15 am I took 60 mg of fenfluramine and sat back to see what would happen. Hourly measurements of vital signs, mood, alertness and anxiety were recorded along with hourly blood draws for cortisol and prolactin response. My blood pressure, pulse and body temperature dropped considerably. I felt less anxious, quite relaxed in fact. About two hours post-medication I gradually felt what I can describe as feelings of depersonalisation. I felt as if I was outside myself looking in on this experiment. These feelings only lasted a couple of minutes and then I was back to myself again. Six hours post-medication, I had not experienced many of the expected side effects. The intravenous line was discontinued having been resited three hours into the experiment into an antecubital vein, and I was free to go. I had been the guinea pig, put myself in the patient's shoes, experienced what it was like to "try some yourself" for the benefit of science. I had experienced nausea, dry mouth, and anorexia. Other effects of the serotonergic surge will become apparent in the blood results. I felt exhausted and it took me at least 24 hours to get back to normal. Squeamish colleagues were horrified at what I had done to myself as they tried to look the other way when I wended my way to the bathroom past them with my IV stand in tow.

I cannot say it was fun. It was an experience. It reminded this researcher of the importance of empathising with patients when prescribing medication with known side effects, even if they are mild, and being grateful to patients who take part in research studies such as ours in particular, and research studies in general.

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What would you have done?

DEAR SIRS

S.T. is a 68-year-old married lady with admissions to our psychiatric hospital in the past 34 years. She has been diagnosed as suffering from schizophrenia but in later admissions has also displayed prominent depressive symptoms. She has no insight into her illness and is currently resident on a long stay ward.

Recently she was noted to be weak and pale. Examination revealed a mass in her pelvic region which X-ray showed to be bladder calculus. She suffered from recurrent urinary tract infection and is in intermittent pain. The surgical opinion is that the calculus requires open cystotomy for removal but the patient refused operation. Her haemoglobin level dropped to 8.2 g/dl and she was given 2 units of blood with marked improvement.

Mentally she is bright, cheerful and fully mobile. She said she felt well and did not admit to delusions of persecution or auditory hallucinations. But she did not know her age or the year, month, season or day. She knew her name, and her husband's name, but not the name of the place or that she was in a hospital. On specific questioning about a bladder stone she denied having been told of its presence or of having had any pain from it. When told of its presence again, and the need for operation to remove it, she replied "I don't believe in operation when one does not want operation."

She is not currently in pain (on analgesics) but has to have regular haemoglobin estimations. She refuses to have operation and has little insight into the need for surgery. Surgical opinion is that it would be an assault to go ahead with surgery without her consent. We would appreciate suggestions on management.

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