are also able to provide treatment. Thus, the MHAC has the effect of increasing the number of people who can receive that kind of 'talking' treatment which many clients find appealing.

Local enthusiasm for the Centre's work is considerable, but carefully designed follow-up studies are required before substantive claims can be made. Further research is also required before statements can be made about the cost-effectiveness of the service. This is a complicated issue; it is not necessarily the case that our service is cheaper because it does not use the facilities of an expensive DGH.

There is already evidence that the MHAC is an innovation which has served some individuals not previously dealt with by a specialist service, and who may be presumed to have needs which previously went unmet. The Centre has also allowed patients previously dealt with by a specialist service to be approached differently. As the MHAC becomes established it is being regarded as a significant mental health resource for the community in which it is located.

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News Items

Prescribing Amphetamines

The following extract, which is taken from Dr Ferris N. Pitts' Editorial (*Journal of Clinical Psychiatry*, November 1982, **43**, 438), may be of interest to readers:

> The Editors know of one board-certified psychiatrist with postresidency training in psychopharmacology whose hospital privileges were suspended principally because he prescribed methylphenidate in one case of chronic depression and d-amphetamine in another. It is bizarre that the accusers of this psychiatrist were able to achieve their ends despite the systematic in-hospital demonstration that no other conceivable therapeutic regimen had any appreciable effect on these severe depressive illnesses, and despite the subsequent demonstration of the effectiveness of amphetamines in their treatment.
>
> The Editors also know of at least one conscientious board-certified psychiatrist whose medical licence has been suspended because he prescribed 10-30 mg/day (or the equivalent) of d-amphetamine to 8 of 58 chronic depressives followed carefully as outpatients. These 8 patients had failed to respond to weekly (or daily) psychotherapy plus adequate dosages of various tricyclics, neuroleptics, and monoamine oxidase inhibitors. With the introduction of reasonable dosages of amphetamines, 8 extremely ill and disabled persons became less ill and more functional; none showed evidence of increasing amphetamine dosage (tolerance and abuse).
>
> Things have come to a pretty pass, to borrow a phrase from an earlier era, when conscientious physicians cannot practise their profession informedly without such ignorant and callous harassment. It is one thing to locate and discipline a few malicious physicians distributing controlled substances for money, but quite another to track down and harass conscientious physicians prescribing controlled substances rationally after good-faith examinations, unsuccessful attempts at therapy with other medications, and careful trials with the controlled substances in particular patients.