after a few weeks and resume their normal life. For the chronic patients, drug therapy helps to calm down the exuberance of a paranoid state or to stimulate the inhibited patients. With those who have persecutory delusions and consider the drug as an aggression to their personality, the usage of long-acting drug associated with brief psychotherapy and milieu therapy seems to be necessary.

3. The antidepressant agents such as Imipramine (Tofranil) or Amitryptiline (Elavil or Laroxyl) are used often against neurotic or reactive depression in association with anxiolytic drugs like Benzodiazepines (Librium, Valium, Carbamate, Meprobamate) to subdue anxiety and insomnia usually frequent in the depressive syndromes.
4. The minor tranquillizers occupy an important position in general private practice as well as in the out-patient clinics. More than half of the townsfolk know the name of the modern minor tranquillizers. We would like to emphasize the stressful situation as an essential factor of many autonomic disturbances. Most of the patients somatize their anxiety; cardio-vascular and other bodily complaints are highly frequent. Chlordiazepoxide (Librium) and Diazepam (Valium) prove to be the drugs of choice in freeing these patients from their distressing complaints. However, some of the neurotic patients do not react favourably to the drug because of this paradoxal phenomenon: the anxiety, instead of being reduced, increases considerably. They consider the drug as an external danger that threatens their ego and weakens their mechanism of defense. This state of tension calls forth an intensive psychotherapy.

In conclusion, we believe that psychotropic medicine becomes effective only in conjunction with other therapies (occupational therapy and psychotherapy) in an institutional as well as in ambulatory treatment setting. Lastly, we want to call your attention upon the war situation of our country, which makes us difficult to get regular medical supply. We must use any appropriate medicine available. So we cannot give accurate figures about the usage of psychotropic drugs in our country.

MALAYSIA

By M. SUBRAMANIAM

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Psychiatric treatment became a practical possibility in this country with the introduction of Psychotropic agents, a little more than ten years ago. It has been said with equal enthusiasm, that the freeing of our patients from traditional custodial functions accounted for most of the improvement, and physical treatment was merely a stimulant to a more liberal attitude towards freedom and therapy of patients.

However, those of us, who have worked in the pre-physical treatment days will agree with me that without modern physical treatment, custodial care, however humane, was absolutely necessary for many patients especially psychotics. The actual reduction of mental hospital size is dependent on many factors, most of them depending on decisions outside clinical authority and remarkably linked to what are thought to be priorities of medicine.

However the psychotropic drugs did demonstrate in a practical way in Malaysia, that out-patient department and community therapy was possible Psychiatric Units were opened up in several of the larger general hospitals.

We must understand our greater dependency on physical treatments than in more developed countries, because linguistic problems posed imponderables in the use of many methods of psychotherapy and related treatments. This great

dependency on psychotropic medication has of course produced some dangers in practice.

1) The individual treatment of the patient is generalised and this is not good medicine. It is naïve to think we can cure a Schizophrenic with phenothiazines alone. But what can 10 psychiatrists with 10 million people at risk do?
2) The long term risks of psychotropic agents become blurred in our heavy case loads, and are we senselessly maintaining therapy after its effective value has disappeared? Again a rider must be attached. I find that stoppage of medication often produces a relapse or with antidepressants, a withdrawl syndrome.

This is an experience based on thousands of patients I have seen after 14 years of psychiatry in this country; more often than not, I believe other factors act in combination to produce a relapse. However no extensive research has been done. Such research should be made and the results made known to us.

I have mainly emphasised the great value of psychotropic agents in Malaysia. I have also posed some nagging doubts in my mind which reflects real anxiety on my part. I know that most of the distinguished speakers will tell us about their clinical trials but what will be missing will be the great question 'how long do we expose patients to drugs'. In fact, I believe that this cannot be answered by the very few psychiatrists during the bulk of the work in down to earth units of the Government Medical Service due to lack of time.

Whether the situation will improve at the sites where most people are treated is in the ultimate analysis, an administrative decision, depending on whether society thinks it is a priority. I am told our division of mental health is going to tackle this situation. These problems are not peculiar to Malaysia. Yet because of this, the temptation to centralise will always be a force to reckon with.