to *Clostridium welchii* infection complicating induction of labour, in the presence of a dead foetus, with hypertonic glucose. We wish to report a similar case.

Mrs. A. B. aged 41, gravida 12, 35 weeks pregnant, was admitted to the National Maternity Hospital because of intrauterine death of the foetus of some days' duration. Death appeared to be due to pre-eclamptic toxaemia superimposed on essential hypertension. Three days later 130 ml. of liquor amnii were replaced by 200 ml. of 50% glucose solution by transabdominal amniotomy. The patient suffered no discomfort until 16 hours later, when she was awakened by urgent respiratory distress. The clinical diagnosis was one of obvious pulmonary embolism. She died in seven hours.

At post-mortem examination the uterus was found to be ballooned by gas. The heart and great veins contained frothy blood. The placenta presented a honeycombed appearance consistent with the presence of multiple bubbles of gas. *Cl. welchii* was recovered from the amniotic fluid.

A method of treatment which introduces 100 g. of glucose into a body cavity occupied by a corpse produces an environment highly favourable to the explosive proliferation of saccharolytic organisms, and the consequent production of large quantities of gas.

We report this tragedy as a matter of urgency so that it may be seen that this method of inducing labour is fraught with grave danger. It is intended to present it in detail at a later date.—We are, etc.,

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Antidepressant Drugs

SIR,—We do not know how the antidepressive drugs work and the treatment is purely empirical, but with proper care and supervision these agents have brought untold relief to a great many patients who would otherwise have had to put up with the misery of depression for months or even years. Recently[1 2] we have all been advised about some of the dangers of giving these drugs. A warning like this is indeed far more commendable than the banning of a drug as has happened to tranylcypromine in the U.S.A. We have been warned about the dangers of using combinations of drugs, but this does not mean these must never be used. We must remain free to prescribe what we please, and at times take a calculated risk.

I have been using antidepressive drugs extensively for the past five years and I think that they are as much a therapeutic tool in the hands of the general practitioner as are the antibiotics for infectious diseases. I have frequently changed from an imipramine type of drug to a monoamine oxidase inhibitor or vice versa, and only twice has this produced untoward symptoms in the form of persistent vomiting. The first case was admitted to hospital, but the second recovered as soon as the original drug was resumed. It is now over three years since I had trouble of any kind due to a rapid change of drugs, and my records show I have done this 67 times. On the other hand the so-called " parnate headache " has been all too common, occurring in 4% of cases. In spite of this violent and frightening reaction I still use tranylcypromine, as I consider it to be a most useful drug. Patients are, however, advised not to eat cheese or take alcohol. Happily most patients do react favourably to one or other type of antidepressive agent, and the majority who appear drug-resistant respond to E.C.T. There is, however, a hard core of patients who respond to none of these measures, and on these it is worth while trying both types of drug together. No patient should be given both drugs without a very good reason, but this form of therapy does sometimes work when all else, including E.C.T., has failed. The following case illustrates an excellent result from combined therapy.

A girl aged 17 developed a severe depression and needed no less than 12 electroconvulsive shocks before she began to improve. Recovery was far from complete and she was given amitriptyline with disappointing results. She was then switched to tranylcypromine and the result was dramatic. Within days she was well and eager to start a job of work. She must at this point have been near the end of the depressive phase, because she was soon able to do without drugs of any kind, and in the next few weeks she passed into a hypomanic stage, which, while of diagnostic interest, was not severe enough to demand more than observation. Almost a year to the day after her first depression she started her second, a desperate situation in a young person of only 18. Tranylcypromine on top of amitriptyline had helped her before, so the combination was tried again and her recovery was quite spectacular. From a miserable girl who refused to get out of bed, in a matter of two or three days she was asking to go back to work, and after two weeks was allowed to do so. She remained well for a month, and then one Monday morning she refused to get up. She had missed her tablets on the Sunday because she did not want her boy friend to see her taking them. Treatment was resumed and she went back to work next day. The combined course of tablets was slowly tailed off, and after four months she needed no more treatment. If a case like this can be controlled by chemical means, it is infinitely preferable to the trauma of repeated E.C.T. in a young person.

It takes more than one swallow to make a summer, and we must wait to see if these drugs are always as effective as they have seemed to be so far. I have little doubt that we will have more chances in the future of trying them again on this patient. In the meantime she is consoled to feel that should things go wrong again there is a rapid and easy remedy available.—I am, etc.,

Ibstock, Leics. C. A. H. WATTS.

REFERENCES

1 *Brit. med. J.*, 1964, 1, 578.
2 *Monoamine Oxidase Inhibitors*. Adverse Reaction Series No. 1, 1964. H.M.S.O., London.

SIR,—The increasing amount of correspondence in your columns on the above subject prompts us to make the following statement with regard to the future availability of " drazine " (phenoxypropazine).

In July 1963, following the adverse lay press publicity on the possible implication of this drug in two cases of fatal jaundice, the medical and pharmaceutical professions were informed that the distribution of drazine would be restricted to mental hospitals only pending an appraisal by the Committee on Safety of Drugs (Dunlop Committee). This resulted in the monoamine-oxidase inhibitors being the subject of their first report published in February this year.

Very careful consideration has been given to the Company's future policy in the light of the Committee's recommendations, and it has been decided to continue to make supplies of this drug available to hospitals only.

Irrespective of commercial considerations, it would seem that the total withdrawal of this drug would not be in the overall interests of the patient. The use of the drug in hospitals, we believe, fulfils as closely as possible the requirement of the Dunlop Committee—namely, " If patients for whom these drugs are prescribed are under regular and frequent observations the drug can be stopped promptly if any adverse reaction occurs. . . ." —I am, etc.,

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Psychotropic Drugs

SIR,—I was interested by Dr. P. Dally's review of Dr. D. Blair's book *Modern Drugs for Treatment of Mental Illness* (14 March, p. 685). It reveals the modern tendency to include the reviewer's synopsis of the current situation in relation to the problem under discussion. This is an accepted technique and well enough in its way, but need it involve about half of the review ? Again, much of Dr. Dally's criticism is based on the idea that Dr. Blair has not written the kind of book which Dr. Dally would have liked from him.

I am quite sure that Dr. Dally does not wish the book to be a kind of ready reckoner of treatment, but he does clearly envisage a different kind of thesis from that provided by Dr. Blair. For my part, I do not particularly welcome a book which will enable me to find out about a drug in a hurry, and I am sure there are many practitioners who will welcome Dr. Blair's measured and extremely useful analysis of the situation. Dr. Blair may examine the physiological action of these drugs, and particularly in relation to animal experiments, in greater detail than the reviewer thinks necessary, but it seems to me that this tendency is more than balanced by the clarity with which he describes the effect and action of the drugs concerned.

I cannot quite understand why Dr. Dally should wish for a down-to-earth description of menopausal, premenopausal, and puerperal problems. This is a book on the general effect of the drugs rather than on the conditions for which they are prescribed. An author has to treat any given subject in the way he thinks best, and it is certainly not for us to pick his subject for him.

Dr. Dally takes exception to certain of Dr. Blair's statements on the drugs he describes. So could I, in one or two cases, but this is hardly the point. Different doctors have different experiences of different drugs. Surely this is inevitable, seeing that our own faith, let alone the patient's, in the drugs we are prescribing has an effect on their efficiency. All we can do is to report our findings faithfully and leave them to the scrutiny of time. I think it only fair to say that I find Dr. Blair's book interesting, useful, well planned, and well put together, and

Br Med J: first published as 10.1136/bmj.1.5390.1114 on 25 April 1964. Downloaded from http://www.bmj.com/ on 19 April 2024 by guest. Protected by copyright.