Internal units and standards for proteins

Sir,—Those working in clinical immunology and protein immunochromatography will recall the letter from Drs J H Humphrey and I Batty (10 April, p 898), of the International Union of Immunological Societies, listing some of the existing standards in this field and indicating others to be developed.

While agreeing with the need for sound, common standards preparation, we feel that the assigning of international units to such preparations is another matter. Total proteins and a number of individual serum proteins have been measured in weight per volume units for decades, and we would urge that for such measurements international units have little place in routine clinical practice, where clinicians have come to learn and accept results expressed in more conventional terms. Also, the International Federation of Clinical Chemistry Standards Committee has an expert panel on protein and serum protein standards calibrated where possible in g/1 by the best criteria currently available. The profession has already experienced an upheaval with the introduction of SI units, and there seems little practical advantage in causing another temor by changing the mode of reporting of many human serum proteins.

We agree that when a pure preparation of a substance is not available and it is not possible to assign a weight value to a standard, there is obviously a good case for reporting in international units. We hope, however, that editors of journals will not adopt the suggestion in the last sentence of the letter from Drs Humphrey and Batty, and we hope that their committee is gathering the necessary information from reputable international centres to enable it to issue weight equivalents for other serum proteins in its standard preparations. In the meantime the supra-

regiona l protein centres will continue to express results in terms of weight per unit volume for the convenience of their users.

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Fluphenixol for depression

SIR,—Dr J P R Young and his colleagues (8 May, p 1116) are to be congratulated on their study showing the equivalence of fluphenixol and amitriptyline in the treatment of depressed patients. As they admit, however, “the improvement... may have been due partly to anxiolytic drug effects,” and here lies the crux. The studies used designed to measure the severity of dissatisfaction with life rather than to separate those with specifically biological symptoms of depressive illness. Furthermore, the marked response of their patients within the first week, before the antidepressive effects of amitriptyline take effect, also supports the conclusion that their sample contained many patients with mixed neurotic illness, who are not only prone to respond to placebo but also to any drug with sedative properties.

To help the practising doctor choose the most effective drug for the individual patient the authors tell us the degree to which their patients had biological symptoms (such as loss of appetite and libido, retardation, etc) and the relationship of these to drug response? It would indeed be convenient if we could find a drug that worked in all psychiatric conditions, the only decision being that of choosing the dose, a development that would quickly lead to unemployment among psychiatrists. Unfortunately for the public, I doubt whether the evidence supports this conclusion.

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** We sent a copy of this letter to Dr Young, whose reply is printed below—Ed, BMJ

SIR,—In reply to Kellett's letter on the recent trial of fluphenixol and amitriptyline, all the subjects included in the trial were referred to hospital with predominant symptoms of depression; all were felt to be clinically depressed on initial psychiatric assessment. For each patient four standardised questionnaires were completed serially to quantify the severity of depressive symptoms. Each questionnaire was designed to measure depression. In addition, with each patient a formal assessment of the common biological accompaniments of depression was made at each visit using a standardised inventory. Each patient included in the trial was rated for alteration in sleep pattern, appetite and weight change, libido, and diurnal variation in mood and energy. Every patient in the series was recorded as showing some "biological symptoms" of depression. Variation in these several functions was found, as expected, to follow closely changes in rating scale scores for depression during the course of treatment. Raw data for all the above "biological symptoms" are available on request. The alteration in sleep pattern for the series as a whole was represented in the paper in graph form. Changes in appetite and weight recorded in the tables are to be published later with other data relating to carbohydrate craving previously reported with amitriptyline.

It is to misread the paper, therefore, to suggest that the trial subjects were simply "disassociated" from that "one group contained "many patients with mixed neurotic illness." How many depressed patients are not dissatisfied with life, anxious, or otherwise neurotic? As stated in the paper, "though not severely depressed, the patients studied seemed typical of those referred to hospital for antidepressant outpatient treatment, their mean Hamilton depression score being 24."

The apparent antidepressant properties of fluphenixol, of course, need further confirmation. A longer follow-up assessment is required and, as suggested in the paper, it would probably be worth while to evaluate the drug's activity in more severe forms of depression. It would also be interesting to attempt to differentiate more clearly between the anxiolytic and antidepressant effects of the drug.

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Danger of instant adhesives

SIR,—Instant adhesives containing alpha-cyanoacrylate and similar substances are both extremely rapid and efficient in action. Efficiency and rapidity combine to present dangers to patients and never more so than now and in the future owing to widespread television presentation and national sales.

The public should be warned of the dangers and the medical profession should learn of the difficulties ahead. The adhesives are quite capable of bonding surfaces, and these include human body surfaces, together in a matter of seconds, and once the surfaces are bonded the inanimate can be separated only by considerable force and the human by surgical intervention.

The containers of such adhesives that I have purchased have had explanatory leaflets enclosed with them in their cartons, but unfortunately sometimes the printing on these leaflets is so small that I am quite sure the public would not read it. On one leaflet there were five lines of print to the centimetre. I felt that the warnings were not written in strong enough terms. In, the danger is to ever be mentioned. The fact that cydyls could be bonded together in seconds was missing. Furthermore, it was stated that immediate bathing of human surfaces with warm water or acetone would remove the