of psychiatry with those whose business it is to treat patients as they actually present in our society.'(3)

References

(1). Galton, F. (1879). 'Generic images.' *Proc. Roy. Inst.*
(2). Laurence, D. R. (1962). *Clinical Pharmacology*. London: Churchill.
(3). Hill, D. H. (1969). 'Psychiatric education during a period of social change.' *Brit. med. J. i.* 205–9.

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[A reply from Dr. Freeman will be published in a future issue and it is intended that this correspondence shall then be closed. Eds.]

A CASE OF ATRIAL FIBRILLATION FOLLOWING THE USE OF SUXAMETHONIUM DURING ECT

Dear Sir,

A recent experience of the case described in detail below led to a review of the literature on cardiac irritability caused by suxamethonium. It was found that all the reported cases and animal experiments have referred to ventricular effects. The present case appears to be worthy of report, as we have been unable to find any reference to atrial effects in the literature.

The patient, a 57-year-old woman, was admitted to hospital for electroplexy for a fairly typical endogenous depressive illness. There was no previous history of cardiovascular disease, and routine physical examination at the time of admission revealed no abnormality in the cardiovascular or other systems. She had been taking Largactil 50 mg. t.d.s. for one week, but this was discontinued on admission.

Pre-medication consisted of atropine 0·4 mg. intramuscularly 45 minutes before treatment. General anaesthesia was effected by slow intravenous injection of 10 ml. of a 2·5 per cent solution of sodium thiopentone (Pentothal), and this was followed by intravenous injection of 30 mg. of suxamethonium chloride (Scoline). The first application of electroplexy passed off uneventfully. The second application was given two days after the first, and this was followed by the occurrence of unmistakable atrial fibrillation which was first detected 30 minutes after the injection of suxamethonium. Pulse rate at the wrist was 60 per minute, while the ventricular rate was 120 per minute. The patient was kept in bed and the fibrillation disappeared spontaneously after about 36 hours. Radial pulse settled at a regular rate of 64 per minute. The patient was asymptomatic throughout, but following this episode further ECT was abandoned.

The fact that history and clinical examination failed to reveal any predisposition to the occurrence of atrial fibrillation in this patient suggests that the phenomenon represents an idiosyncratic response to suxamethonium.

I am grateful to Dr. F. A. Bleaden, Consultant Psychiatrist, St. John's Hospital, Lincoln, for permission to publish this case.

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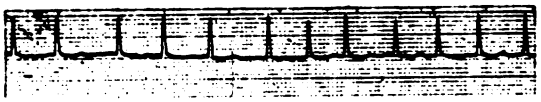

This electrocardiogram was taken when the patient in the case described was fibrillating.

DANGERS OF FLUPHENAZINE

Dear Sir,

A new drug is being widely used in the treatment of mental illness. It is long-acting and used by injection—its name is fluphenazine (Moditen). Is this the thalidomide of the 70's? I would like to have the opinion of other doctors. Whilst it is still new maybe we are lulled into a false sense of security, but are we justified in using a drug, which may take up to six weeks to eradicate from the tissues, without being sure of its safety? Its side effects alone are legion. A study of 13 papers gives the following:

Common side-effects reported are—lethargy, drowsiness, dizziness, muscular inco-ordination, paraesthesia, hypotension, blurring of vision, dryness of mouth, malaise, feelings of tension, confusion, nausea, vomiting and aches and pains.

Parkinsonism is extremely common. Incidence in reports varies from 100 per cent to 24 per cent with many reports around 50 per cent.

Depression is quite common and tends to be severe—5 suicides reported and two suicide attempts.

Other reported side-effects include psychotic relapse and glaucoma.

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References

Bucci, L. (1969). 'Acute psychotic episodes in patients treated with fluphenazine enanthate.' *Brit. J. Psychiat.*, 115, 1346 (letter).