

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

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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 through-

out, 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.

DOROTHY WEST.

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BURDEN RESEARCH MEDAL AND PRIZE

DEAR SIR,

The Burden Trust has founded an annual award to be known as 'The Burden Research Medal and Prize' to commemorate the Diamond Jubilee of the foundation of Stoke Park Hospital by the Rev. H. N. Burden on 1 April, 1909, and to encourage future research in the field of mental subnormality.

The Burden Research Medal and Prize for 1970, total value £250, may be presented on or about 1 April, 1971, at Stoke Park Hospital, for outstanding research work which has been published, accepted for publication or presented as a paper to a learned society during 1970.

The award is open to all registered medical practitioners who are working in the field of mental subnormality in the United Kingdom or the Republic of Ireland.

Five copies of the paper or papers, with application form, should be submitted to the Secretary of the Burden Trust by 10 January, 1971.

Further information and application forms are

available from the Secretary, Burden Trust, 16, Orchard Street, Bristol. 1.

W. A. HEATON-WARD.

Stoke Park Hospital,
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SOCIETY OF BIOLOGICAL PSYCHIATRY AWARDS

DEAR SIR,

The Society of Biological Psychiatry announces three awards to be given at the annual meeting in 1971. The first is the Gold Medal Award to a distinguished senior scientist in the field of Biological Psychiatry. The others are two \$750 awards: one for clinical research and one for basic research in the fields related to Biological Psychiatry. These latter two awards are to be given to young men under 35 years of age. The decision deadlines for both are 1 February, 1971. Please submit nominations and credentials (curriculum vitae, bibliography, and sample copies of contributions in quadruplicate) to me at the address below.

GEORGE WINOKUR.

Chairman, Committee on Research Awards,
Society of Biological Psychiatry, Department of Psychiatry,
Washington University School of Medicine,
Renard Hospital,
4940 Audubon Avenue,
St. Louis, Missouri 63110.

INTERNATIONAL ASSOCIATION OF SOCIAL PSYCHIATRY

DEAR SIR,

On 7, 8 and 9 May, 1971, in Chicago, Illinois, the American Division of the International Association of Social Psychiatry will hold its first Congress on the general topic of *Concordance vs Discordance* in Human Societies. Panels of experts on ethology, anthropology, history, sociology and international law will trace the Evolution of Concordance in Human Affairs, and social psychologists and psychiatrists from around the world will discuss possible applications to world peace. Seminars on racism, poverty, nationalism, fanaticism, militarism and related topics will complete the programs. Three-hundred word abstracts of proposed papers will be welcomed.

JOHN J. SCHWAB,
Divisional Co-ordinator

International Association of Social Psychiatry

Write for further information to
Jules H. Masserman, M.D.,
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305 East Chicago Avenue, Chicago,
Illinois 60611.