According to Brockington *et al* (1981) most post-partum psychoses can be classified as manic-depressive psychosis. The incidence of post-partum psychosis in the general population is low (Sim, 1963). Its recurrence rate following childbirth however is high (Reich and Winokur, 1970, and Abou-Saleh and Coppen, unpublished observations).

It is probable that many mothers with a previous history of post-partum psychosis may be discouraged from breast-feeding. If the hypothesis described above is right breast-feeding should rather be encouraged: if prolonged it might prevent the recurrence of the psychosis. It would also be interesting to explore the usefulness of hormonal therapy with prolactin in manic and acute schizophrenic illnesses. The very high levels of blood prolactin following neuroleptic medication might well be serving a therapeutic function.

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ECT AND CEREBRAL DAMAGE

DEAR SIR,

We wish to dissociate ourselves from the unduly stark comment by our co-authors, Drs Calloway and Dolan, that "we found a statistically significant association between frontal lobe atrophy and previous treatment with ECT" (*Journal*, January 1982, **140**, 103).

Although the statement is correct, it is taken out of context and could lead to faulty interpretation by those who have not read the complete text which is currently in press (Calloway *et al*, 1982). This paper, essentially a preliminary communication, refers to a small study in which the case notes of 41 elderly depressives who were previously scanned (Jacoby and Levy, 1980) were scrutinized to determine whether or not the patients had ECT in the past and to obtain an estimate of the number of ECT's given. The ECT and non-ECT group were compared on a number of measures of sulcal widening and ventricular size as described in our original paper. There was, indeed, a statistically significant difference in ratings for sulcal widening in the frontal regions between the two groups but this difference did not appear in any of the other regions of the brain and, furthermore, both the global atrophy scoring and the ventricular size was comparable in the two groups. The full paper makes it clear that the retrospective nature of the study must lead to caution in the interpretation of the results and also points to an alternative, non-causal explanation of the association reported.

All that can be said at the moment is that the results are sufficiently interesting to warrant further investigation. They cannot, in our view, be taken as definite

evidence either for or against the suggestion that ECT may cause permanent cerebral damage.

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MAOI FOR OBSESSIVE COMPULSIVE DISORDER

DEAR SIR,

Obsessive compulsive disorder is a relatively uncommon illness, which in severe form is remarkably destructive to the patient and his or her family. The natural history of the disorder is poorly understood.

There are three papers in the literature (Swinson and Thomas, 1970; Annesley, 1969; Jenike, 1981) which present four cases that responded to monoamine oxidase inhibitors. Over the past few years we have had another four cases at our institution where monoamine oxidase inhibitors produced a rapid and sustained remission of symptoms. In all of these cases, numerous prior treatments had been unsuccessful in alleviating the symptoms.

In two of our cases, relapses occurred after the monoamine oxidase inhibitor was stopped and in both cases restarting the drug resulted in loss of symptomatology. All of our patients that responded to monoamine oxidase inhibitors remained free of symptoms at follow-up, which ranged from four months to four years. In the cases previously reported and in our four cases which responded to monoamine oxidase inhibitors, the patients all had phobic anxiety and/or severe anxiety associated with the obsessive compulsive disorder. At our institution, four other cases of severe obsessive compulsive disorder without associated anxiety or panic attacks, did not respond to monoamine oxidase inhibitors.

Our data indicate that at least a subgroup of patients with obsessive compulsive disorder respond to monoamine oxidase inhibitors, sometimes dramatically. Affective illness in the patient or his family was not a good predictor of responsiveness to monoamine oxidase inhibitors in our patients. The presence of severe anxiety or panic attacks, however, was uniformly associated with a good response in our patients. Sheehan, Ballinger and Jacobson (1980) have shown that phenelzine is effective in treating panic attacks and lowers the obsessive compulsive scores on the SCL-90 scale.

The authors feel that a trial of monoamine oxidase inhibitors is presently indicated in obsessive compulsive disorder, especially when phobic anxiety or panic attacks are part of the clinical presentation.

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HYPOALGESIA IN DEPRESSIVE ILLNESS

DEAR SIR,

Dr Hanks (*Journal*, October 1981, 364–5) considers my comments on the analgesic properties of tricyclic antidepressant drugs to be misleading (*Journal*, January 1981, 37–9). They certainly could be but a good deal hinges on the meaning to be attached to the word 'depression' in this context. To be sure, patients experiencing chronic pain can be miserable, unhappy and, on occasions, suicidal and despairing. But such emotions are not necessarily tantamount to a *syndrome* of depression as defined, for example, by Feighner *et al* (1972). In my experience tricyclic antidepressant drugs are rarely successful in relieving 'reactive' depression when experienced as unhappiness in the face of personal and environmental difficulties.

The possibility that some antidepressants have specific analgesic properties apart from their antidepressant ones is suggested by the three following observations:

(1) Intractable pain is sometimes relieved by quite small doses of anti-depressants, doses far lower than those generally required for the successful treatment of endogenous depression.

(2) Relief of chronic pain is sometimes achieved after quite short periods of treatment—48 hours in some cases—which are far shorter than the time required for remission of a depressive syndrome (Gade *et al*, 1980; Turkington, 1980).