elderly patients with refractory depression undergoing lithium augmentation, despite therapeutic doses of lithium and antidepressants. It is possible that, compared with younger patients, the elderly are at greater risk of toxicity with a lithium–antidepressant combination (Austin *et al*, 1990), although a comparative study has not been undertaken.

Thus, although the data are limited and not conclusive, the elderly appear to be at increased risk of lithium toxicity at therapeutic blood levels. Given that neurotoxicity can develop without other side-effects of lithium (Smith & Helms, 1982), and its varied presentation may mimic neurological conditions associated with ageing, one needs to maintain a high index of suspicion when prescribing lithium in this patient population.

AUSTIN, L. S., ARANA, G. W. & MELVIN, J. A. (1990) Toxicity resulting from lithium augmentation of antidepressant treatment in elderly patients. *Journal of Clinical Psychiatry*, **51**, 344–345.

LAFFERMAN, J., SOLOMON, K. & RUSKIN, P. (1988) Lithium augmentation for treatment-resistant depression the elderly. *Journal of Geriatric Psychiatry and Neurology*, **1**, 49–52.

MURRAY, N., HOPWOOD, S., BALFOUR, D. J. K., *et al* (1983) The influence of age on lithium efficacy and side-effects in outpatients. *Psychological Medicine*, **13**, 53–60.

ROOSE, S. P., BONE, S., HAIDORFER, C., *et al* (1979) Lithium treatment in older patients. *American Journal of Psychiatry*, **136**, 843–844.

Smith, R. E. & Helms, P. M. (1982) Adverse effects of lithium therapy in the acutely ill elderly patient. *Journal of Clinical Psychiatry*, **43**, 94–99.

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Higher risk groups and paracetamol overdose

SIR: *Prescribers Journal* recently carried a very important article on paracetamol overdoses (Ferner, 1993). One paragraph, in particular, bears repetition in a psychiatric journal such as this:

> "Certain patients, particularly chronic alcoholics or those who take enzyme inducing drugs such as phenytoin and carbomazepine, are at higher risk of paracetamol-induced hepatic neurosis, and should be treated at plasma paracetamol concentrations *half as great* as those indicated by the standard treatment graph."

This is not standard knowledge, and is obviously worth bearing in mind when being referred patients from casualty or medical wards.

FERNER, P. (1993) Paracetamol poisoning – an update. *Prescribers Journal*, **33**, 2.

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Double firing of ECT machine

SIR: We wish to report three instances when there was double firing of an Ectronus Series 5 Constant Current electroconvulsive therapy (ECT) machine over a period of six months. On each occasion the machine was fully serviced and no cause could be found. This problem never occurred with our old Duopulse Constant Current ECT machine.

It is apparently possible to produce a double firing if one depresses the fire button of the hand-held electrode, and then releases it at the end of the shock. We were able to do this while investigating the problem, but are unable to confirm if this was the cause. Attention to this aspect of administration has meant no recurrence of the problem in the subsequent six months.

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A HUNDRED YEARS AGO

Some lessons of suicide

Few of the misfortunes which can overtake a man are able so to overwhelm him that they do not leave open some avenue of hope, and the more especially if they are not attributable to conscious error on his part. The mind so conquered by depression that it cannot see this outlet is therefore surely unhealthy. It may doubtless be free from other ordinary signs of persistent and confirmed insanity, but it illustrates, nevertheless, a condition of weakness which in the grosser bodily fabric would pass for disease. Its disorder is not less a malady because it is often transient and is not related to known organic changes. In it we recognise the close connexion between rational and moral qualities, and it is the failure of both, but especially the latter, to influence their unfortunate possessor which is so grimly taught by suicide. Despair is the true exciting cause of such calamities, and this we take it is nothing else than moral short sight. We are

all of us liable to suffer from it, and, though for the most part we know it only as a temporary disturbance of function, each of us can attest its prostrating influence and the strength of its resistance to the curative powers of reason and of faith. The case of a lad who lately poisoned himself with chloral hydrate because he failed to pass the entrance examination at the Durham Medical School was peculiar only in its secondary details. Naturally delicate, over-sensitive and over-anxious, he was stunned by his disappointment – and he died of this disease. Who has not known, like him, the infinite discomfort of a seemingly unbearable present and impossible future. Yet there is no truth more certain than that which tells us that everything comes to the patient hope which knows how to wait. It is in the possession of this divinely planted quality that we have the surest remedy for all those miseries of distrust which culminate and are by some believed to end with self-destruction. There is a subsidiary question of some interest connected with the case above mentioned. How came the unhappy boy to have about him a fatal dose of chloral? There was no evidence of the medicinal administration of this drug. We are, therefore, obliged to conclude that it was, as it easily might be, purchased of some neighbouring druggist, and the fact of its prompt and purposeful misuse affords a fresh reminder of the far from adequate restriction placed by Government upon the sale of poisonous remedies.

Reference

Lancet, 8 April 1893, 809.

Researched by Henry Rollin, Emeritus Consultant Psychiatrist, Horton Hospital, Epsom, Surrey