

in schizophrenic births as Hare and Price's presentation might seem to suggest.

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REFERENCES

- BARRY, H., and BARRY, H. (1961). *Arch. gen. Psychiat.*, **5**, 100.
 — (1964). *Arch. gen. Psychiat.*, **11**, 385.
 DALEN, P. (1968). *Acta psychiat Scand. Suppl.*, **203**, 55.
 DE SAUVAGE NOLTING, W. J. J. (1934). *Ned. T. Geneesk.*, **78**, 528.
 — (1951). *Ned. T. Geneesk.*, **95**, 385.
 HARE, E. H., and PRICE, J. S. (1969). *Brit. J. Psychiat.*, **115**, 533.
 HUNTINGTON, E. (1938). *Season of Birth*. London: Chapman and Hall.
 LAESTADIUS, T. (1949). Quoted by Dalen, P. (1968).
 LANG, T. (1931). *ArchivRassenBiologie*, **25**, 42.
 NORRIS, A. S., and CHOWNING, J. R. (1962). *Arch. gen. Psychiat.*, **7**, 206.
 PASAMANICK, B., and KNOBLOCH, H. (1960). *Amer. J. pub. Health*, **50**, 1737.
 PETERSEN, W. F. (1934). *The Patient and the Weather. Vol. 3. Mental and Nervous Diseases*. Ann Arbor, Michigan: Edwards Bios. Inc.
 REGISTRAR GENERAL FOR ENGLAND AND WALES. *Annual Statistical Review for 1961*. Part 3, Table II.
 TRAMER, M. (1929). *Schweiz. Arch. Neurol. Psychiat.*, **24**, 17.

FLUPENTHIXOL (FLUANXOL)

DEAR SIR,

In 1969, in this *Journal* (Vol. 115, pp. 1399–1402), Reiter reported on his uncontrolled impression of this drug in the treatment of affective illness. He considered that it was liable to cause only minimal side effects and that it had an antidepressant action which was very quickly apparent. I have tested these assumptions in 59 patients from May to December, 1970. Fifty-three of the patients have diagnoses of an affective disorder, and in 12 of them the illness was regarded as an endogenous pattern of depression. I have also given the drug to many more patients since these initial 59. I found a worthwhile sustained improvement in 24 of the 53 patients.

I should emphasize that all these patients had relatively chronic illnesses and had had previous treatment with tricyclic antidepressants and in some instances MAOIs and ECT as well.

Side effects were minimal, as Reiter claims, the main ones being occasional constipation and mild drowsiness. My results are so similar to those of Reiter that it would not be worth while to describe them further in any detail. I came to the same conclusions as he did and regard flupenthixol as a most interesting and potentially useful antidepressant. In a series not selected for chronicity I would anticipate a better response rate than here, and I venture to predict that controlled trials, when undertaken, will show it to be an active drug. The main difficulty in organizing a controlled trial for this substance is that it acts so quickly that it is unsuitable to make a direct comparison of it with drugs which require a month to work.

I wish to thank Dr. W. T. Simpson of Lundbeck Research for supplies of flupenthixol.

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CHLORIMIPRAMINE IN THE TREATMENT OF SEVERE DEPRESSION

DEAR SIR,

In your issue for August 1970, (Vol. 117, p. 211) Collins reports few side effects in the treatment of depression by intravenous chlorimipramine, given by drip infusion. I wish to comment on a hitherto unreported side effect in connection with this relatively new anti-depressant.

Case. Female, age 52 in depressive phase of manic-depressive psychosis. She responded well to intravenous drip infusion of chlorimipramine and was discharged after five days. Whilst returning home by taxi, her whole body began to shake so on arrival home she immediately called her general practitioner. He came within minutes and found her almost completely paralysed, while there was intense coarse shaking of all her limbs. He contacted me and I suggested she be given benzhexol 5 mg. orally. After 15 minutes the paralysis and shaking had disappeared. She completed her recovery on oral chlorimipramine and benzhexol.

Since this time I have seen several patients who while receiving oral chlorimipramine have reported uneasiness and shaking of the hands. These side effects have been alleviated by benzhexol. These symptoms and their alleviation suggest an extra-