

He was apparently well until twelve years ago when his father died suddenly at the age of 57 from coronary thrombosis. Immediately following his father's death, the patient began ruminating about death, and after leaving school at 15 he remained in the home for two years. During this period his mother reported that he refused to wash at all.

Over the next few years he was obsessed with the following list of ideas:

- (i) Fear of becoming homosexual, having on one occasion tried to insert his penis into his own rectum.
- (ii) Fear of developing breasts and becoming hairy.
- (iii) Fear of shaving in case he bled to death.
- (iv) Fear of taking an overdose or of drinking poison.
- (v) Fear of dying in his sleep, which led him to pace the floor at night disturbing his family.
- (vi) Fear of violence.
- (vii) The number of words in a sentence became a matter of prolonged rumination.

His last admission, in 1968, was precipitated by the patient developing uncontrollable ideas that there was a piece of paper in his rectum upon which was written 'something to do with homosexuality'. During this last phase he demanded constant reassurance from everybody with whom he came into contact and caused a great deal of antagonism amongst the other patients.

Physical examination, including chest and skull X-rays and EEG, revealed no abnormality.

Psychometry showed him to be of low-average intelligence, 25th percentile on Mill Hill Vocabulary Test and Progressive Matrices. There was no evidence, on psychometric testing, of schizophrenic thought disorder.

Previous treatment had included prolonged courses of ECT, phenothiazines, tranquillizers, tricyclic anti-depressants and relaxation therapy, and in December 1967 he had a pre-frontal leucotomy which provided only temporary relief.

On review in January 1970 it was noted that he had never received a monoamine oxidase inhibitor.

Phenelzine was started in doses of 15 mgm. t.d.s., and within two weeks there has been a complete change in his behaviour. He looked relaxed, did not complain, talked freely and was able to go to the town, which he had not been able to do for over twelve months.

Improvement has been maintained for four months; the patient is now back at home symptom-free.

In view of this it seems that mono-amine oxidase inhibitors may have a place in the treatment of obsessional neurosis and are worthy of trial in this intractable incapacitating illness.

We wish to thank Professor Alistair Munro for his help and advice and for permission to publish this case.

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#### REFERENCE

- ANNESLEY, P. T. (1969). 'Nardil response in a chronic obsessive compulsive.' *British Journal of Psychiatry*, 115, 748.

#### BURDEN RESEARCH MEDAL AND PRIZE

DEAR SIR,

You kindly included an announcement of the above in the *British Journal of Psychiatry* in your November 1969 issue. The first Burden Research Medal and Prize for outstanding research work in the field of mental subnormality, published or presented as a paper to a learned Society during 1969, has been awarded to Dr. Barry Richards, St. Lawrence's Hospital, Caterham, Surrey. The presentation was made on Monday, 8 June, at a luncheon of the Burden Trustees, held at Stoke Park Hospital, Bristol.

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#### GRADUAL WITHDRAWAL OF TRANQUILLIZERS WITH THE HELP OF ASCORBIC ACID

DEAR SIR,

Since the introduction of tranquillizing drugs in the treatment of mental illness and behaviour disorders in mentally retarded patients, many good and many adverse effects of the drugs have been reported. Numerous papers have appeared dealing with the question of the most suitable drugs, the length of treatment, dosages, combination of treatments and effects of sudden or intermittent withdrawal of the drugs (Whittaker and Hoy, 1963; Prien *et al.*, 1969; Abenson, 1969).

We are reporting the results of the first two years of a tranquillizer-withdrawal scheme, which consisted of three months of gradual withdrawal of tranquillizers and their replacement—tablet for