

disappearance of familiar markers of the seasons. In the absence of hard data, perhaps global warming rather than global communication (e-mail, telephone, etc.) underlies the observed trend. In future maybe other changes in traditionally seasonally linked illness patterns may be seen (e.g. in seasonal affective disorder) and this may also account for the current excess of patients with mania on our local admission ward – they seem somehow to have missed the expected springtime peak.

Reduced suicide rates among the divorced and widowed may be linked to societal changes such as the greater acceptability of single status.

We may expect human cycles (illness, behaviour) to change in line with adaptation of society and the eco- and planetary system.

But for now let us hope that there is no direct causal link between psychiatric morbidity and rainfall (Ohl & Tapsell, 2000).

Ohl, A. & Tapsell, S. (2000) Flooding and human health. *British Medical Journal*, **321**, 1167–1168.

Yip, P. S. F., Chao, A. & Chiu, C. W. F. (2000) Seasonal variation in suicides: diminished or vanished. Experience

from England and Wales, 1982–1996. *British Journal of Psychiatry*, **177**, 366–369.

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Remember the depressed vegetarian

A recent experience has raised the issue of whether prescribers consider the suitability of medication for their vegetarian patients. A 30-year-old woman was prescribed an antidepressant for a depressive disorder. She later informed us that she could not take them as they contained gelatin, which is not suitable for vegetarians. This experience raises many questions. Which antidepressants contain gelatin, are prescribers aware of this information and do prescribers routinely enquire whether their patients are vegetarians prior to prescribing antidepressant medication?

We researched commonly used antidepressants by contacting the pharmaceutical companies regarding the origin of the excipients in their antidepressants. Those

investigated included fluoxetine, citalopram, paroxetine, sertraline, reboxetine, venlafaxine, amitriptyline, dothiepin, imipramine, lofepramine, trazodone and nefazodone. Of these, five antidepressants are definitely suitable for vegetarians. These are sertraline tablets, venlafaxine tablets (but not capsules), fluoxetine liquid (but not capsules or tablets), amitriptyline mixture (but not capsules or tablets) and imipramine mixture (but not tablets).

Assuming the lifetime risk of developing a depressive disorder warranting treatment is 10% and there are about 4 million vegetarians in the UK (The Vegetarian Society, Altrincham, personal communication, 2000), 400 000 vegetarians may need antidepressant medication.

Hence, vegetarians are commonly likely to be prescribed antidepressants by their general practitioners or psychiatrists. It is important that enquiries be made routinely regarding whether an individual is a vegetarian prior to prescribing antidepressants.

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One hundred years ago

London County Asylum, Claybury, Essex (Annual Report for 1899)

... Of insanity associated with senile decay only 10 per cent. were over 60 years of age, as against 18 per cent. during the previous year. General paralysis has been found in 11 per cent. of the male admissions and in nearly 4 per cent. of the female. "There has been a high percentage of insanity from alcohol, and more than double the number of women than men have been admitted

suffering from *mania a potu*." It is also ascertained that women relapse into insanity from alcohol and are re-admitted with far greater frequency than men. Their weakened inhibition appears to be unable to withstand the slightest temptation, and Dr. Jones points out that the best treatment for such cases is that of long detention in inebriate homes, which naturally cannot apply to asylums from which patients are discharged when mentally fit. Previous attacks and hereditary influences were

ascertained to be the most probable cause of insanity in 34 per cent. of the admissions. Several patients who were admitted had delusions that they were "hounded by Kruger's relatives" and that "Spion Kop" was hissed into their ears.

REFERENCE

Lancet, 22 December 1900, 1831.

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