

Correspondence

Letters for publication in the Correspondence columns should be addressed to:

The Editor-in-Chief, British Journal of Psychiatry, Chandos House, 2 Queen Anne Street, London, W1M 9LE.

FATAL HEAT BLOCK AND CARDIAC ARREST FOLLOWING ECT

DEAR SIR,

In a case report of fatal heart block and cardiac arrest following ECT, Dr. M. O. A. Malik (*Journal*, January 1972, 120, 69) stated 'it is considered important . . . to give atropine prior to treatment to reduce the stimulation of the vagus nerve by the shock'. In the instance reported, 0.65 mg. atropine was given subcutaneously an indeterminate time before the electric shock.

It should be stressed that a dose of 0.65 mg. atropine subcutaneously given (say) thirty minutes before ECT is inferior in vagal-blocking effect to a similar dose given intravenously immediately before the treatment (Bhattacharya and West, 1963). Intravenous administration of atropine in this manner has also been shown to be more convenient, and also more acceptable to the patient (Clement, 1962; Hargreaves, 1962). Moreover, it has been repeatedly stated (Lewis *et al.*, 1955; Arneson and Butler, 1961; Cropper and Hughes, 1964; Rubin, 1967) that the conventional doses of atropine given as premedication for modified ECT are insufficient, and that doses of the order of 1.5 to 2.0 mg. are necessary to prevent excessive stimulation of the vagus during this treatment.

J. L. BARTON.

*Department of Psychiatry,
The General Infirmary at Leeds,
15 Hyde Terrace,
Leeds 2.*

REFERENCES

- ARNESON, GENEVIEVE, A., and BUTLER, T. (1961). 'Cardiac arrest and electroshock therapy.' *Amer. J. Psychiat.*, 117, 1020-22.
- BHATTACHARYA, A., and WEST, E. D. (1963). 'Comparison of salivary suppression by intravenous and subcutaneous atropine before ECT.' *Brit. J. Psychiat.*, 109, 631-4.
- CLEMENT, A. J. (1962). 'Atropine premedication for electric convulsion therapy.' *Brit. med. J.*, i, 228-9.
- CROPPER, C. F. J., and HUGHES, MARGARET (1964). 'Cardiac arrest (with apnoea) after ECT.' *Brit. J. Psychiat.*, 110, 220-5.
- HARGREAVES, M. A. (1962). 'Intravenous atropine premedication before electro-convulsion therapy.' *Lancet*, i, 243.
- LEWIS, W. H., RICHARDSON, D. J., and GAHAGAN, L. H. (1955). 'Cardiovascular disturbances and their management in modified electrotherapy for psychiatric illness.' *New Eng. J. Med.*, 252, 1016-20.
- RUBIN, R. T. (1967). 'Atropine, ECT, and cardiac arrest.' *Amer. J. Psychiat.*, 124, 863-4.

PREMENSTRUAL SYMPTOMS IN SELF-REFERRALS TO A SUICIDE PREVENTION SERVICE

DEAR SIR,

A recent interesting paper in this journal (Wetzel, McClure and Reich, Nov. 1971, 119, 525) reported that women telephoning a suicide prevention centre who were in the menstrual or luteal phase of the menstrual cycle at the time of the call were significantly more likely to have prior premenstrual symptoms than women who called in the follicular phase. The authors suggested that this was at variance with the results which my colleagues and I had found (Tonks, Rack and Rose, 1968).

We reported a tendency for women who had premenstrual tension to fail to show the expected premenstrual excess of suicidal attempts. This tendency was only significant for parous women, not for women in general or those who had never been pregnant.

I do not think the findings disagree, because the studies are not strictly comparable. Wetzel *et al.* were studying a group who rang up threatening suicide, whereas we studied women who had made a suicidal attempt. These two populations, while overlapping, are very different. Those threatening suicide may differ from those making an attempt by as much as these latter differ from successful suicides (Stengel, 1964). Also our findings applied only to parous women, while their sample was not so limited.