

of patients requiring these should be few, and as long as penicillin is effective should be preferred to the use of other antibiotics.—I am, etc.,

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BASIL LEVY.

REFERENCES

- <sup>1</sup> Levy, B., *Brit. med. J.*, 1959, 2, 1329.  
<sup>2</sup> *Lancet*, 1961, 2, 226.

**Treatment of Ménière's Disease**

SIR,—I read with great interest the paper of Mr. J. Angell James and his colleagues (November 24, p. 1343) as well as the letter of Mr. William McKenzie (December 22, p. 1680).

I quite agree with Mr. McKenzie that "new forms of surgery may lead to unnecessary operations" in Ménière's disease.

May I refer to the fairly good results which I have achieved with histamine injections in very small doses given subcutaneously and not intravenously as Mr. McKenzie has done? I published my results in the Hungarian *Orvosi Hetilap*,<sup>1</sup> and my conclusion was that perhaps an allergic oedematous state of the labyrinth could cause the disease and so the histamine-desensitization may help to restore the patient's health by an allergic mechanism.

Naturally I suppose this is operative only in one part of the Ménière syndrome, and in the others different kinds of factors may be of influence.—I am, etc.,

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Budapest, Hungary.

MARGARET HALASY-LEHOCZKY.

REFERENCE

- <sup>1</sup> Halasy-Lehoczky, M., *Orv. Hetil.*, 1952, 93, 648.

**Aversion Therapy for Homosexuality**

SIR,—Since it is now over nine months since the publication of "A Case of Homosexuality treated by Aversion Therapy" (March 17, 1962, p. 768), and 18 months since the treatment was carried out, we feel that a follow-up report would be of general interest. The methods of assessment have been written communications (B. J.), and a personal interview (D. F. E.), a social worker's visit to the patient's home, and a communication from his superior at work. (This last was a query regarding the advisability of promotion which would entail increased work and responsibility.)

We made inquiries under the following headings:

**Sexual Drive:** He has had no recurrence of his homosexual drives, although he has occasionally found himself admiring pretty boys. He is courting, and the relationship shows signs of becoming a very serious one. He has had sexual relations satisfactorily with his girlfriend, and he describes his feelings as of considerable physical satisfaction, though not having the same emotional component as his homosexual experiences.

**Family Relationships:** These remain extremely good. It is reported that his recreational habits are now quite changed in that when he has no special engagement he spends a contented evening at home. This is in contrast to his previous way of life, which involved him in almost nightly drinking with friends considered by his family to be undesirable. He now seems to have regained the complete trust of his family.

**Work Record:** He is highly thought of at his job and his promotion is imminent. His relationships with colleagues are cordial and there is no evidence of the

paranoid reaction feared by Dr. Sidney Crown (March 31, 1962, p. 943).

**Mood:** There has been no recurrence of the self-criticism, etc., which led to his suicidal attempt prior to admission. A mood of confidence seems to have been maintained since the treatment.

It is our impression that this patient remains a sexually normal person, and that his general social adjustment is probably better than at any previous time.—We are, etc.,

Leeds.

BASIL JAMES.

Bristol.

DONAL F. EARLY.

**Drugs for Depression**

SIR,—In the recent article on drugs for depression ("To-day's Drugs," January 19, p. 173), which was notable mainly for the nihilistic approach to treatment, particular exception may be taken to the harsh assessment of the hydrazine derivatives. I personally know several clinical psychiatrists with extensive experience of these drugs in a wide range of depressive syndromes who do not share these negative views. Naturally, there has been a considerable variation in reports on trials because of differences in dosage, in the duration of the trial period, and in the kind of cases selected for trial.

During the past four years your journal has contained excellent clinical descriptions of the kind of case most responsive to these drugs, together with indications of size and duration of dosage.<sup>1-4</sup> There are available many other reports confirming these findings in conditions which Sargent<sup>3</sup> has pointed out were particularly resistant to treatment before the hydrazine derivatives became available. The classification of these depressive syndromes is open to speculation, and one would not dispute that there are other depressive syndromes which are more responsive to the iminodibenzyl derivatives, but clinical experience indicates that there is a large group of psychiatric conditions where hydrazine derivatives are the current drugs of choice.

To say that these drugs are little more effective than placebos on the basis of a few selected reports, and that the depression is self-limiting anyway, is not an attitude that contributes to the fair assessment of a drug. It is well-known that belief in a drug can render a pharmacologically inactive compound apparently active, but less often realized that disbelief may counteract and even reverse established pharmacological effects—for example, a stimulant given to some subjects, who believe it is a sedative—can cause sedative effects. Further, the potentiation of a drug like pethidine is not a reason to abandon another active drug, but instead underlines the need for care in the administration of all drugs.

Finally, the article makes no mention of the hydrazine derivative "drazine," a very effective antidepressant with, in my experience, negligible side-effects.—I am, etc.,

Birmingham 13.

NORMAN W. IMLAH.

REFERENCES

- <sup>1</sup> Dally, P. J., *Brit. med. J.*, 1958, 1, 1338.  
<sup>2</sup> West, E. D., and Dally, P. J., *ibid.*, 1959, 1, 1491.  
<sup>3</sup> Sargent, W., *ibid.*, 1961, 1, 225.  
<sup>4</sup> — and Dally, P. J., *ibid.*, 1962, 1, 6.

**Methyldopa and Depression**

SIR,—We have read with interest the letters by Dr. J. Mielczarek (December 1, 1962, p. 1471) and Dr. U. C. Dubach (January 26, p. 261) on the incidence of