

Anne Draginda, graduated from the University of Alberta at age 48. At the time, she was a mother of four and grandmother of two. I don't know whether she was Canada's oldest medical graduate, but she may hold the unique distinction of being the only grandmother to graduate from medical school.

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Reference

1. Sullivan P. We protest! [letter]. *CMAJ* 2000; 162(12):1664.

Not fade away

At my age — I retired 8 years ago — I find the Deaths section of *CMAJ* interesting and informative. In your May 2 issue,¹ I noted the passing of Douglas Harvie, who followed my dad in his practice in Chapleau, Ont., in 1927. I also noted the names of John Simpson, an old student friend,

and Woodie Woodsworth, whom I valued as a teacher of anesthesia. Woodie's father founded the Cooperative Commonwealth Federation, the forerunner of the New Democratic Party.

I am writing to congratulate *CMAJ* for inviting readers to submit brief death notices, but in particular to comment on the death of Donald Williams, also announced in your May 2 issue. He was an outstanding teacher and practitioner of dermatology, and I believe he headed the Canadian army's venereal disease program during World War II. The story of how he became interested in dermatology is in itself a great one. As is the case with many of your death notices, more needs to be told about him.

It is unfortunate that few readers have responded to your request to supply more information. As others have discovered, physicians are an endless source of fascinating detail within the web of Canadian history, and their contributions are not limited to the confines of medicine.

Perhaps we should have a permanent file to remember physicians upon their death. Too many of them fade away quietly.

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Reference

1. Deaths. *CMAJ* 2000;162(9):1387.

St. John's wort and schizophrenia

In recent years St. John's wort has become a popular natural medicine for the treatment of depression¹ and general symptoms such as tiredness and lack of energy. Unfortunately, the potential harmful effects of St. John's wort have not been fully recognized. It inhibits monoamine oxidase² and the reuptake of serotonin and norepinephrine.^{3,4} Such mechanisms of action underlie the therapeutic effects of antidepressants. Like antidepressants, St.

John's wort may induce mania and hypomania.^{5,6} Antidepressants may exacerbate psychosis in patients with schizophrenia;⁷ this raises the possibility that St. John's wort may have a similar adverse effect. To our knowledge this has not been previously described. We report 2 cases in which patients with schizophrenia experienced psychotic relapse that was temporally associated with the consumption of St. John's wort.

The first patient had been admitted to hospital because of schizophrenia at age 26. Following complete remission, perphenazine therapy was stopped and the patient remained well without medication for 3 years. Five months before her relapse she purchased a bag of St. John's wort herbs from a natural food store, and once or twice a week she placed some of the herbs in tea and consumed it. Two months before her relapse she consumed the herbs daily. She became acutely psychotic with paranoid delusions, ideas of reference and loosening of associations. Her psychosis responded to olanzapine. She

did not take street drugs. On occasion she had taken other herbal products, but not regularly.

The second patient was first treated for a paranoid psychosis at age 34. He rapidly responded to treatment with risperidone. After 6 months the medication was stopped. He did well without any medication for another 7 months, at which time he experienced an abrupt recurrence of persecutory delusions, ideas of reference and bizarre behaviour over a 2-week period. His schizophrenic episode responded to risperidone. Two to 3 months before his relapse he had purchased St. John's wort at a health food store and had been taking it daily.

It was only after the condition of these patients improved that information was elicited on their use of St. John's wort; they were unable to provide details beyond the information described here. These 2 cases do not establish a cause-effect relation, but they do raise the possibility that relapse was associated with taking St. John's wort. Given our current knowl-

edge about the pharmacological properties of St. John's wort it is important that physicians ask their patients whether they take natural products and caution them about potential harmful effects.

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References

1. Deltito J, Beyer D. The scientific quasi-scientific and popular literature on the use of St. John's wort in the treatment of depression. *J Affect Disord* 1998;51(3):345-51.
2. Bennett DA, Phun L, Polk JF, Voglino SA, Zlotnik V, Raffa LB. Neuropharmacology of St. John's wort (Hypericum). *Ann Pharmacother* 1998;32:1201-8.
3. Neary JT, Bu YR. Hypericum LI 160 inhibits uptake of serotonin and norepinephrine in astrocytes. *Brain Res* 1999;816:358-63.
4. Chavez ML, Chavez PI. St. John's wort. *Hosp Pharm* 1997;32:1621-32.
5. Nierenberg AA, Burt T, Mathews J, Weiss AP. Mania associated with St. John's wort. *Biol Psychiatry* 1999;46:1707-8.
6. Schneck C. St. John's wort and hypomania. *J Clin Psychiatry* 1998;59:689.
7. Kalinowsky LB, Hippus H. *Pharmacological, convulsive and other somatic treatments in psychiatry*. New York: Grune & Stratton; 1969.