

# SURMONTIL

trimipramine

**Dosage—Oral route: ambulatory patients:** 50 to 150 mg daily in 2 or 3 doses. Treatment to be initiated at lowest dosage, increased in a few days, then adjusted to lowest level required when response has been obtained. When insomnia is present, a larger portion of the dosage may be given at night. **Hospitalized patients:** 100 to 300 mg daily in 2 or 3 doses: occasionally up to 400 mg.

**Contraindications:** glaucoma, prostatic hypertrophy, drug-induced CNS depression. Should not be associated with MAO inhibitors: a two-week delay is recommended before using the drug in patients having received an MAO inhibitor.

**Warnings:** warn against engaging in activities requiring alertness until response is established. May potentiate alcohol and CNS depressants. Safety in pregnancy has not yet been established.

**Precautions:** in elderly patients, in patients with cardiovascular problems or in those with a history of convulsive disorders: start treatment by the oral route with low doses, progressively increased—in ambulatory psychotic patients, if the drug aggravates psychotic manifestations or induces manic episodes: reduce dosage or discontinue therapy—in seriously depressed patients, because of the possibility of suicide at the beginning of treatment, close supervision should be exercised.

**Adverse reactions:** the following have been reported: excitement, confusion, drowsiness (during initial therapy), insomnia, tremor, dystonia, epileptic seizures, dry mouth, blurred vision, urinary retention, constipation, nausea and vomiting, palpitations, orthostatic hypotension, quinidine-like reactions, changes in libido, weight gain, skin rash, obstructive jaundice.

**Supply:** tablets: 12.5, 25, 50 and 100 mg, bottles of 50 and 500.

**References:** 1. KRISTOF, F. E., et al.: Systematic studies with trimipramine—a new antidepressant drug. *Can. Psychiat. Assoc. J.* 12:517-520, (Oct.) 1967. 2. DUNLEAVY, D. L. F., et al.: Changes during weeks in effects of tricyclic drugs on the human sleeping brain. *Brit. J. Psychiat.* 120:663-672, 1972. 3. MARSHALL, B.: The treatment of depression in general practice by a single-dose schedule. *Practitioner*, 206, 806-810, June 1971. 4. HUSSAIN, M. Z. and CHAUDHRY, Z. A.: Single versus divided daily dose of trimipramine in the treatment of depressive illness. *Amer. J. Psychiat.*, 130, (10), 1142-44, Oct. 1973.

Full information upon request.

**Poulenc**



considerable variation in biologic properties.

A third isolate of *S. viridans* was cultured 1 month after the patient's admission. It was of Lancefield group L and, unlike the other two isolates, grew on 40% bile agar and failed to ferment trehalose. This strain was tested in the same manner for its penicillin MIC and MBC, alone and in the presence of streptomycin or gentamicin. In addition, the bactericidal effects of 10 U of penicillin, 8 µg of ampicillin, 10 µg of cephaloridine, 10 µg of cephalothin and 10 µg of vancomycin, each alone and in combination with (separately) 8 µg of kanamycin, 10 µg of streptomycin and 4 µg of gentamicin, were determined. The broth used, the inoculum, the volume of samples and the incubation temperature were the same, but samples were taken after 4 and 18 hours' incubation. The percentages of bacteria surviving were calculated. The penicillin-gentamicin combination was fully bactericidal and was therefore continued until the patient's discharge.

## Discussion

Although there are reports of mitral valvular endocarditis in patients with Marfan's syndrome,<sup>5,6</sup> and of infective endocarditis due to more than one organism (mixed infection),<sup>7</sup> we have not found any report of a strain of *S. viridans* with such striking variation in both morphologic characteristics and penicillin sensitivity. We cannot tell whether the organism isolated 1 month after the patient's admission was involved in the infection, but the chances of it being a skin contaminant seem remote.

The colonies of the first two isolates differed in growth rate, morphologic characteristics and sensitivity to penicillin G, showing the heterogeneity of this organism. It is possible that this case would have represented a treatment failure at the end of the course of penicillin had not further studies on the organism been performed throughout the period of treatment. Clearly it is essential to repeat cultures and antimicrobial sensitivity tests in treating patients with infective endocarditis.

We thank Dr. I.B.R. Duncan for carrying out the bacteriologic investigation and for his advice on the interpretation of the results and in the preparation of this report.

## References

- HARRISON TR: *Principles of Internal Medicine*, seventh ed, New York, McGraw, 1974
- KAYE D: Changes in the spectrum, diagnosis and management of bacterial and fungal endocarditis. *Med Clin North Am* 57: 941, 1973
- CONN HE: *Current Therapy*. Toronto, Saunders, 1974
- HURST JW: *The Heart*, third ed. New York McGraw, 1974
- WUNSCH CM, STEINMETZ EF, FISCH C: Marfan's syndrome and subacute bacterial endocarditis. *Am J Cardiol* 15: 102, 1965
- BOWERS D, LIM DW: Subacute bacterial endocarditis and Marfan's syndrome. *Can Med Assoc J* 86: 455, 1962
- FINLAND M, BARNES MW: Changing etiology of bacterial endocarditis in the antibacterial era. Experiences at Boston City Hospital 1933-1965. *Ann Intern Med* 72: 341, 1970

## POSTGRADUATE COURSES

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**ANTIHYPERTENSIVE DRUGS.** Stratford, Ont. Aug. 13, 1975. Information: Ontario Medical Foundation, 242 St. George St., Toronto, Ont. M5R 2P4

**SYMPOSIUM SUR LES PROGRES RECENTS EN RECHERCHE MORPHOLOGIQUE.** Université de Montréal. Les 17-22 août 1975. Promoteur: Association panaméricaine d'anatomie. Renseignements: Dr Pierre Jean, Département d'anatomie, Université de Montréal, CP 6207, Succursale A, Montréal, Qué. H3C 3T7

**CUSEC.** University of Ottawa. Aug. 18-29, 1975. Sponsored by the bureau of epidemiology of Health and Welfare Canada and the department of epidemiology and community medicine, University of Ottawa. Information: Dr. J. W. Davies, Director, Bureau of epidemiology, Laboratory centre for disease control, 200 Isabella, Ottawa, Ont. K1A 1B7

**INTRAOCULAR LENS IMPLANT COURSE.** University of Manitoba. Oct. 31 and Nov. 1, 1975. For ophthalmic surgeons. Information: Dr. Gordon M. Krolman, Department of ophthalmology, University of Manitoba medical college, Winnipeg, Man. R3E 0W3

**RECENT DEVELOPMENTS IN HYPERTENSION.** Conference Hall, Mount St. Joseph's Hospital, Vancouver. Sept. 2, 1975. Sponsored by the College of Family Physicians of Canada. Information: Dr. F. Ho, 3140 Main St., Vancouver, BC V5T 3G7

**LAKEHEAD SUMMER SCHOOL.** Lakehead University. Sept. 3-6, 1975. Sponsored by Ontario Medical Association and Thunder Bay Medical Society. Information: Dr. D. R. Henderson, Department of radiology, McKellar General Hospital, Thunder Bay, Ont. P7E 1G6

**SURGERY IN THE ELDERLY PATIENT.** St. Joseph's Hospital, London. Sept. 10, 1975. Sponsored by department of surgery, St. Joseph's Hospital. Information: Dr. A. T. Hunter, Continuing medical education, Faculty of medicine, University of Western Ontario, London, Ont. N6A 3K7

**MANAGEMENT OF BURNS.** Peterborough, Ont. Sept. 10, 1975. Information: Ontario Medical Foundation, 242 St. George St., Toronto, Ont. M5R 2P4

**CLINICAL RESPIROLOGY.** University of Calgary Health Sciences Centre. Sept. 10-12, 1975. Information: Division of Continuing Medical Education, University of Calgary, Calgary, Alta. T2N 1N4

**ANESTHESIA.** Sir Charles Tupper Medical Building, Dalhousie University, Halifax. Sept. 11-13, 1975. Sponsored by Dalhousie University and the Nova Scotia division of the Canadian Anaesthetics Society. Information: Dr. M. R. Clark, Division of continuing medical education, Dalhousie University, Halifax, NS

**PEDIATRICS.** James Paton Memorial Hospital, Gander, Nfld. Sept. 12-13, 1975. Information: Continuing medical education office, Memorial University of Newfoundland, St. John's, Nfld.

**CENTENNIAL PEDIATRIC RADIOLOGY SEMINAR.** The Hospital for Sick Children, Toronto. Sept. 15-18, 1975. Information: Dr. B. J. Reilly, Department of radiology, The Hospital for Sick Children, 555 University Ave., Toronto, Ont. M5G 1X8

**MANAGEMENT OF INFERTILITY.** Conference Hall, Mount St. Joseph's Hospital, Vancouver. Sept. 16, 1975. Sponsored by the College of Family Physicians of Canada. Information: Dr. F. Ho, 3140 Main St., Vancouver, BC V5T 3G7

**CARDIOLOGY.** Royal Victoria Hospital, Montréal. Sept. 17-19, 1975. Information: Secretary, Post-graduate board, RVH, 687 Pine Ave. W, Montréal, Qué. H3A 1A1

## Errata

We regret that owing to an oversight in the layout of the May 3, 1975 issue of the Journal the masthead page was omitted. We apologize for any inconvenience this error may have caused the readers.

In the final stage of production of the April 19, 1975 issue of the Journal, Figs. 1 and 2 of the article "Emergency department use at two Hamilton hospitals" by Vayda, Gent and Hendershot were transposed; the legends therefore apply to the wrong maps.