PATIENT STORIES: THE FARMER'S SHOTGUN

This balances Kath's story with a story that illustrates a different aspect of the tremendous improvements brought about by Parnate.

The country folk in North Queensland are generally a pretty tough lot, and back then they did not patronise the medical profession too readily. On a number of occasions, I have had farming-types with severe depression who said something like "can you cure me or not, doc". The suicide rate amongst farmers, especially in bad times, can be quite alarming. Sometimes one got the distinct impression that the outcome, if treatment was not promptly effective, was going to involve the omnipresent shot gun.

In cases like this I would use Parnate as a first-choice treatment — simply because experience taught me that it was the most likely drug to give decisive improvement.

I only ever saw this fellow on three or four locations.

He lived hundreds of kilometres away, and I didn't see him for follow-up until he had been taking the Parnate for many weeks, at which point he was completely better. I must have seen him only a couple of times over the next two or three years, probably when he came to town for the annual agricultural show (how is that for cost-effective treatment!).

Then after a gap of a few years I got a phone call from the family to say that he had blown his head off with a shotgun. For a moment my faith in Parnate wavered … however, the next comment was "it wasn't your fault doc". The story was that he had gone to another town for a hip replacement and had been told to stop the Parnate before the operation. The surgeon never even contacted me to ask my advice about this. How arrogant, stupid, and narrow-minded. He was not the only surgeon I encountered who behaved like that.

As you might guess, when he went home after the operation nobody thought to make sure he restarted Parnate.

He gradually slipped back into depression, obviously without developing insight into the fact that this was because he had stopped the tablets. The family just did not think, or notice. They may have been pre-occupied coping with drought and starving stock.

Hence his final fatal retreat to the shed with his shotgun.

My initial judgement that he was likely to shoot himself, if I did not cure him quickly, was clearly correct.

My confidence in the effectiveness of my antidepressant treatments was founded on good evidence — the pathology laboratory complex was next door, and pathologists would give me all the post-mortem examinations each month, if there was any suggestion that they might have been suicides. I was therefore able to make sure that any suicides that occurred were not patients of my mine.

I suppose enough time has now passed that I can safely mention the '*ad hoc*' control group. There was another psychiatrist in town for a short while. That was before they left 'unexpectedly'. The suicide rate in those patients was at least an order of magnitude greater than mine, infinitely greater, because during that individuals' tenure time I had none, vs. about half a dozen.

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The post-mortem reports enabled me to do a 'back-of-the-envelope' calculation (covering about 10 years) showing that the suicide rate in my patients was way below the (national) 'average'.