"Some Problems in Subnormal Patients with Epilepsy"
by Dr. R. Payne.

"The Use and Interpretation of Painting in Group Therapy"
by Dr. H. K. Rose.

The papers were received with considerable interest and a number of members present took part in the discussion.

The Chairman, Dr. O. W. S. Fitzgerald, concluded the proceedings by thanking the authors of the papers, and also the Chairman of the Darenth and Stone Group of Hospitals and the Physician Superintendents concerned for providing the facilities for an excellent meeting. Dr. Bernard Cates responded.

SOUTH-WESTERN DIVISION

THE AUTUMN MEETING of the South-Western Division was held at St. James' Hospital, Portsmouth, on Thursday, 26 October, 1961, by kind invitation of the Hospital Management Committee, and Dr. W. Liddell Milligan, Physician Superintendent.

During the forenoon, members visited various parts of the hospital. At the lunch preceding the meeting, members and guests were welcomed by Dr. Milligan, and the Divisional Chairman, Dr. R. F. Barbour, replied, thanking the Hospital and all those concerned for their excellent and warm hospitality.

Thirty-nine Members and seven guests were present.

The Honorary Secretary reported that the Divisional Committee had met and agreed on the following points.

(*a*) To recommend the re-appointment to the Divisional Committee of Management of the following members:

Drs. A. Leitch, F. E. Pilkington, T. P. Riordan, W. Lumsden Walker and A. J. Galbraith, all of whom were eligible for re-election under the terms of By-law 33, and to ask Surgeon Commander G. G. Wallis to serve on the Committee in place of Dr. I. Atkin, who was due to retire.

(*b*) To recommend the following nominations for membership of Regional Hospital Boards:

South-Western, Dr. F. E. Pilkington and Dr. W. Lumsden Walker.

Oxford, Dr. R. G. McInnes.

Welsh, Dr. J. P. Spillane and T. P. Riordan.

(*c*) To approach Dr. A. M. Spencer with a view to his accommodating the Spring, 1962 Meeting at Powick Hospital on 5 April, 1962.

The Committee had agreed on their nominations for Divisional Office-Bearers and these would be circularized before the next meeting. The Honorary Secretary was to approach the General Secretary to enquire whether it was possible for the Junior Representative on Council to be granted assistance towards his expenses in attending Council Meetings.

The Honorary Secretary reported that by kind invitation of the Knowle Group Hospital Management Committee and Dr. A. J. Galbraith, Physician Superintendent, the Psychotherapy and Social Psychiatry Section of the R.M.P.A. had held a week-end meeting at Fairfield House, Droxford, Hampshire, on 27 and 28 May, 1961. This meeting was the first to be held by a Section in association with a Division and proved to be most successful both academically and socially. It was attended by 33 members and 25 guests and was devoted to the topic of the Role of the Nurse in the Therapeutic Community. It was decided to send a letter from

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the Division to Mr. F. J. Hunt, Group Secretary of the Knowle Hospital Management Committee, thanking him for his help in ensuring the efficient organization and smooth running of the meeting.

The Report of the Divisional Committee of Management was approved by the Meeting.

The following candidates were elected unanimously to Ordinary Membership:

DOUGAN, JOHN MCDONALD, *M.C.*, B.A., M.B., B.Ch., Registrar, St. John's Hospital, Stone, Aylesbury, Bucks.

Proposed by Drs. M. L. Honigsberger, R. Emery, D. C. Watt.

DOYLE, WILLIAM JOHN, B.Sc., M.B., B.Ch., B.A.O., D.P.H., Medical Officer of Health and Principal School Medical Officer for the County of Devon.

Proposed by Drs. J. E. A. Bartlet, W. Rodger, H. Scott-Forbes.

LINDSAY, JANET MARGARET MARTHA, M.B., B.Ch., B.A.O., D.P.M., Registrar, Warneford and Park Hospitals, Oxford.

Proposed by Drs. I. Skottowe, C. Ounsted, P. J. Williamson.

ROBERTSON, DUNCAN ALEXANDER STRUAN, M.B., Ch.B., D.Obst., R.C.O.G., Registrar in Psychiatry, Barrow Hospital, nr. Bristol.

Proposed by Drs. A. Leitch, C. P. Seager, A. Flood.

PAPERS

Treatment of Depression by a Combination of Tranylcypromine and Trifluoperazine

Dr. W. Liddell Milligan gave an account of his experience with this combination of drugs marketed under the name of Parstelin. Tranylcypromine is a monoamine oxidase inhibitor but is not a hydrazine derivative. Trifluoperazine is now a well-established tranquillizer. The trial was uncontrolled but extensive, 500 patients (343 female and 157 male) being treated. The age range from 20-82 with an average age of 58 years.

The diagnostic categories were: endogenous depression—130 patients, reactive depression—180, involutional melancholia—90, schizo-affective depression—40, and senile depression—60. The usual dosage was one tablet each morning for three days, after which a second tablet was given at mid-day. This level was maintained for at least three months, when the dose was very gradually reduced. The average duration of treatment in severe depression was nine months and in the milder reactive depressions about four months. In some cases it had been found necessary to continue a small maintenance dose indefinitely.

"Excellent" (complete remission of symptoms) or "Good" (depression resolved but infrequent mild phasic depression or occasional slight agitation persisted) results were obtained in 83 per cent. of cases of endogenous depression, 58 per cent. of reactive depression, 80 per cent. of involutional melancholia, 27 per cent. of schizo-affective depression, and 50 per cent. of senile depression, giving an overall rate of 66 per cent. There were very few relapses,

In this series, the side-effects were not marked, the commonest being insomnia, which occurred in 15 per cent. of cases. Dizziness occurred in 5 per cent. but was marked in 2 cases only. Headache showed an incidence of 4 per cent.

Dr. Milligan considered that Parstelin was a very useful anti-depressant. It was valuable when there was agitation with the depression. He felt that one of its most significant features was in its rapidity of action and in this respect he preferred it to imipramine. He now only rarely used E.C.T. In his opinion most of the out-patients in the series would, in the past, have required admission to hospital.

Replying to the discussion, Dr. Milligan stressed that he considered the fact that he had few side-effects in his series was due to the low dosage he employed.

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He also stated that when agitation was severe he gave an additional 5 mg. of trifluoperazine at night.

Some Psychiatric Problems Related to Adoption

In Dr. C. Haffner's paper, preliminary results were given from a ten-yar survey of legally adopted children and their adopters in a psychiatric population.

Clinical experience, it was said, had not shown an undue proportion of adopted children as psychiatric patients. The term "undue" might come to depend on our use of certain criteria.

(1) The preponderance of adopted referrals was about 30 times greater than estimated on the basis of national adoption rates and current child guidance trends. This preponderance was even more prominent for "true adoptions" (i.e. children unrelated by blood to adopters). Intakes by ages and sexes were atypical of the average clinic distribution (1952-62). Only 22 per cent. of the series were sharing the home with sibs related to adopters; one half (i.e. fifty per cent.) were only children, and the large majority of the remaining 28 per cent. lived with one additional adopted sib. The incidence for psychosis and mental subnormality was thought to be small.

(2) The series of "true adoptions" (71 cases) included a relatively large proportion of very early placements. A preliminary analysis was made in which "early" and "late" placements were contrasted as regards adoption process, family constellation, parental attitudes, experiences subsequent to adoption, clinical manifestations, social factors and outcome. The average adoption placement ages were 5·2 weeks and 13·9 months respectively. Almost 65 per cent. of early adoptions had never been separated from their adopters and had lived continuously as members of intact homes. Not quite 40 per cent. of late adoptions had passed through multiple substitute homes and/or institutions before their final placement.

If *prolonged* absence of a permanent mother substitute during early growth phases predisposes to greater psychological vulnerability and antisocial character development, then a significantly larger number of children in the late adoption group might be expected to show delinquent behaviour and less favourable responses to treatment.

So far no significant difference in support of this hypothesis has emerged. There was only one, possibly important, distinction: late adoptions contained at least twice as many overactive children as early adoptions.

The symptom-complexes and modes of behaviour, though at first sight unspecific, did not seem as varied as in a random sample of clinic cases. In both groups the incidence was relatively high for stealing, wandering and affective disturbance, moderate for tension-habits, and very low for well-defined neurotic disturbance and psycho-physiological symptoms.

The question is raised whether any concept which invokes only environmental causation can be critically employed in this kind of study. Alternative hypotheses might have to place emphasis on primary reaction patterns and their modification by different socialization processes.

A keen and animated discussion followed, in which many participated and which had to be terminated by the Chairman.

Dr. F. Bodman, in proposing a vote of thanks, said that much gratitude was due to both speakers for their lucidity in explaining their researches, and added that the quality of the discussion was a demonstration to them of the excellence of their papers.

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