Chronic Depression in General Practice

SIR: After 10 years in general practice I have developed a small following of people suffering from chronic depression. Turning to the textbooks for help with management, I discovered that of 14 by British authors, 10 of which were published since 1980, only one had a reference to the problem in the index and this was the only book to have a section (of some substance) devoted to chronic depression. Resistant depression was mentioned in two other books, but I detected uncertainty as to the definition of this. I realise the distinction between the two may be difficult, sometimes only to be made after a long time. However, they are different, and possibly some clarification is needed here.

Other reading suggests that it is a significant problem which has been recognised for several years: a leading article in the *British Medical Journal* (1971), after examining a variety of studies, suggested that "for practical purposes we would not go far astray if we reckoned that one-fifth of our severely depressed patients would become chronic." DSM–III suggests that in 20–35% of cases of major affective disorder there is a chronic course. However, it is not clear how they would classify it, dysthymic disorder being otherwise entitled depressive neurosis. At an international symposium Kieholz (1972) discussed chronic depression – "an important, albeit somewhat neglected, form of the disease".

The management of acute endogenous depression, once identified, seems relatively easy with careful assessment, optimistic support, social consideration, medication, and sometimes hospitalisation and ECT. The management of chronic endogenous depression seems more difficult, all of these aspects of care presenting greater problems. I would be interested in readers' comments.

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References

BRITISH MEDICAL JOURNAL (1971) The future for manic-depressives. *British Medical Journal, iii,* 389–390.

KIEHOLZ, P. (1972) *Depressive Illness* (ed. P. Kieholz). Stuttgart: Hans Huber.

John Langdon Down

SIR: Recently, while researching 19th century methods of disposal of the dead, I visited Woking Crematorium, the oldest in Britain. I was invited into the boardroom in order to study the death certificate of the first person to be cremated at Woking. Mrs Jeannette Caroline Pickersgill of Regent's Park died, aged 71, of broncho-pneumonia and asthema (*sic*) in March 1885. The certifying doctor was John Langdon Down, who was in private practice in Harley Street at the time. This eminent Victorian, one-time Medical Superintendent of Earlswood Asylum for Idiots, founder of Normansfield Mental Hospital, who has been credited with a description of Frohlich's syndrome 40 years before Frohlich, and who is best remembered for giving his name to Down's syndrome, also earned himself a small but honourable mention in the history of cremation.

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A HUNDRED YEARS AGO

Mental overwork treated by issues

Dr A. P. Langeveld, writing in the *Weekblad van het Nederlandsch Tidjdschrift voor Geneeskunde* on functional affections of the brain and spinal cord, mentions the case of a schoolmaster who was suffering from mental overwork. He complained of a painful sensation of pressure in the head and along the spine. He could not speak for five minutes or walk more than a few steps, and could scarcely read or write. Cold douches, a seton in the arm, mental rest, iodide of potassium, arsenic, and aromatic sulphuric acid producing no improvement, the writer remembered the anatomical connections of the spinal veins, and considered that a congested condition of these might very easily produce cerebral and spinal troubles. The connection of these veins with those on the surface has been pointed out by Breschet. A large blister was applied near the sacrum, and kept open by antimonial ointment, and a week later a second similar blister was applied near the first. It was interesting to mark the diminution of the pain in the head and back as the consequence of the very painful sacral sores. The mental condition began slowly to improve, but when any attempt was made to discontinue the irritant ointment it immediately became worse again. After a time, as the sacral sores were very deep, two issues were applied near the left scapula. After a considerable time the patient was able to take exercise, and ultimately to resume his occupation. The sores were healed by iodoform vaseline.

Reference

British Medical Journal, 3 September 1887, 525.

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