

It is difficult to describe clinically the conditions that these children present after self-poisoning, and I doubt whether our conventional diagnostic terminology is appropriate. In the Bradford group few children were seriously ill. Many were quite cheerful and anxious to return home, as if the experience in itself had had a cathartic effect. Many had no wish to die, either before or after the event, and did not appear to appreciate the irreversibility of death. Complaints of being 'fed up' and an attitude of petulance and resentment were also common in this group. Some of the children were miserable, unhappy and desperate. As in Dr. White's group, their life history revealed vicissitudes which made me wonder if I was listening to fiction and not fact. These children, mainly girls, had to be admitted to an adult female ward and obviously found great comfort from the nursing staff and sympathetic patients. They genuinely appreciated my efforts to understand their problem and eagerly accepted the help I offered, even though in many cases there was precious little I could do.

Self-poisoning in older children and adolescents is probably increasing, and I do not believe we understand the reason for this. I sometimes wonder if it is a desperate attempt to find a happier environment and therefore paradoxically represents a will to live rather than a wish to die.

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THE MANAGEMENT OF RESISTANT DEPRESSION

DEAR SIR,

The recent letters by Drs. Shaw and Hewland (1) and by Dr. Davidson (2) raise the question just who is resistant, the patient or the doctor?

When one reads that the suggested line of treatment is to obliterate the depression by various combinations of drugs, electric shocks, putting the patient to sleep and performing leucotomies, one is left wondering whether it is not the doctor who is unable to accept the depression. Neurophysiological and biochemical factors in the functioning of the C.N.S. are important no doubt, but surely the content of the patient's mind is also relevant.

A patient may find his own thoughts painful and unacceptable and hence wish to get rid of them. A doctor could feel the same way and therefore collude with the patient. Perhaps this explains the dogmatic textbook statement that 'in true endogenous depression any attempt at systematic psychotherapy is contraindicated as it often leads to deepening of the patient's sense of worthlessness' (3). If a depression was accepted rather than shut out, one

might expect the patient to feel worse initially. However, in the long term less resistant doctors might result in less resistant depressions.

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REFERENCES

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2. DAVIDSON, J. (1974) The management of resistant depression. *British Journal of Psychiatry*, **124**, 219-20.
3. SLATER, E. & ROTH, M. (1969) *Clinical Psychiatry*. Ballière, Tindall and Cassell.

A SURVEY OF THE MEDICATION IN A HOSPITAL FOR THE MENTALLY HANDICAPPED

DEAR SIR,

On a day in February 1974 a census was made of the medicines being given to 585 long-stay mentally handicapped in-patients at Meanwood Park Hospital, Leeds.

There were 301 patients (51% of the total) receiving medication. Of 150 (25% of the total, who were recorded as suffering from epilepsy, 135 (24%) were taking anticonvulsant medicines, and 63 of these patients were on two or more anticonvulsant preparations. Tranquillizers were being given to 130 patients (22%), and 42 of them were also having anticonvulsants.

The most frequently prescribed medicines were:

	Male	Female	Total
<i>Anticonvulsants</i>			
Phenobarbitone..	60	46	104
Phenytoin ..	38	16	52
Primidone ..	9	1	10
Sulthiame ..	11	4	15
Carbamazepine..	5	6	11
<i>Tranquillizers</i>			
Haloperidol ..	40	24	64
Chlorpromazine	23	30	56
Thioridazine ..	14	8	22

This survey shows that in this particular hospital a quite narrow range of well-established drugs was favoured. Most of the patients are being given thrice daily dosages, and hence every day in the hospital nearly 1,000 doses of medicines are administered to patients by nursing staff. This presents the nurses and the pharmacy with a not inconsiderable workload and responsibility.