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IMIPRAMINE AND DEPRESSION

DEAR SIR,

Davis & Erikson in their letter (*Journal*, August 1976, 129, p 192) not only suggest that we should criticize the findings of Rogers and Clay (*Journal*, December 1975, 127, p 599) but claim that imipramine is not effective as an antidepressant. We did not wish this emphasis to be placed on our letter, which was intended to convey the view that the place of antidepressants in the treatment of depressive illness needs more clarification. Our concern was that Rogers and Clay's paper might lead to a premature closure of the discussion on the suitability of antidepressants for individual patients. Individual psychiatrists may vary a great deal in their views, as can be seen in recent correspondence in the *British Medical Journal* (Brewer 1976, Revill 1976, Sargant 1976).

We have already noted that some of the data (in our view) in Rogers and Clay's tabulation might not be as 'hard' and acceptable as would be desired. At a basic statistical level, studies with a sample size of less than 20 may be of questionable validity. If these are omitted, the following summary data emerge which have a different implication from that of Rogers and Clay's original table:

	Imipramine	*Placebo*
Endogenous Depression (Acute)	111 improve out of 161 = 69%	50 improve (145) = 35%
Mixed Depression	72 improve (101) = 71%	46 improve (71) = 65%
Neurotic Depression	60 improve (82) = 73%	9 improve (100) = 9%

First, the percentage of patients improving on imipramine is very similar whatever the type of depression, although the variation with placebo is very large. This revised table might suggest that prescribers expect two thirds of depressions (of any sort) to improve on an active drug. Differences, not always obvious, between an active drug and a bland placebo may well lead to bias in the interpretation of clinical response.

Without denigrating Rogers and Clay's paper, we wish to suggest the picture is far from clear. Their conclusion 'the benefit of this drug in patients with endogenous depression who have not become institutionalized is indisputable' goes too far. Antidepressants may be effective, but we still need to know how well they work, and with whom, before final conclusions are drawn.

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THE TEACHING OF PSYCHIATRY

DEAR SIR,

As a senior student at St George's Hospital, I have just finished a three month appointment in psychiatry. This has given me the 'once only' opportunity to take a fresh view of the subject. As a result, I think I have recognized a simple but nevertheless profound imbalance in the approach of modern psychiatry.

My point is that far too much attention is paid to unravelling the problems that an individual has developed, and far too little effort is put into encouraging and developing the germs of positive direction.

We assume that this latter part is easy, and that patients will do this as soon as their problems are