

## Synopses of Papers Awaiting Publication

### **Bi-frontal Stereotactic Tractotomy. A follow-up Study;** ROLF STRÖM-OLSEN and SHEILA CARLISLE

Of 210 patients who underwent stereotactic tractotomy of the posterior orbital cortex (Knight's operation), 150 were examined personally by the authors, and in the majority of cases relatives and friends were interviewed. This stereotactic operation involves the insertion of two rows of three radio-active yttrium seeds into the substantia innominata. The patients studied were operated on between June 1961 and January 1968.

The best results were obtained in depressions both recurrent and other forms and in obsessional neurosis. Moderately good results were also obtained in anxiety states. The most striking result was the complete absence of any demonstrable undesirable personality change in 86% of patients. In 11.4% there were some trivial symptoms which were of no importance, and in only four out of 150 (2.6%) were there some moderate sequelae due to disinhibition.

None of the patients showed any serious frontal lobe (post-leucotomy) syndrome.

The mortality due to the operation was nil.

The incidence of permanent epilepsy due to the operation was less than 1% (compared with 16% following orbital undercutting).

Working capacity and normal enjoyment of pleasure were not affected in any patient.

Of all forms of leucotomy operation the stereotactic method is the one which avoids unnecessary destruction of brain tissue between the cortex and the target area. In this way the authors believe that undesirable sequelae are even further reduced.

A brief review of literature on previous stereotactic operations for chronic psychiatric disorder is given.

The conclusion drawn from this study is that further research in this field is well worth while.

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### **Combined Antidepressant Therapy;** FRANK WINSTON.

An endeavour is made to show the advantages of the use of combinations of the two groups of antidepressant drugs (M.A.O. inhibitors and tricyclic amines) in the treatment of chronic resistant depression, together with a review of the literature advocating and cautioning against such use.

The benefits of treatment with combinations of antidepressant drugs are weighed against the possible hazards involved, and the rationale for such therapy is outlined in the light of current research into cerebral amine metabolism, with results of such treatment in one practice over a period of four years.

It is shown that patients with chronic resistant depression can receive considerable benefit from such treatment without the occurrence of the serious reactions reported in the literature, and some suggestions are given as to precautions that may be taken to avoid them.

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### **Changes in Erythrocyte Electrolyte Metabolism on Recovery from a Depressive Illness;** G. J. NAYLOR, H. B. McNAMEE and J. P. MOODY

Active and passive transport of sodium and potassium were determined in nineteen patients when depressed and again on recovery. Both active and passive transport were determined by measuring net fluxes of ions in vitro. Isotope techniques were not used. Patients were under metabolic ward conditions for at least five days before the electrolyte assessments. The patients were subdivided using the Newcastle and the Kendell diagnostic rating scales into 11 'neurotic' depressives and 8 'psychotic' depressives.

No significant changes in active or passive transport of sodium or potassium occurred in the total patient group. When the patients were

subdivided by diagnostic scales, it was found that with recovery there was a significant increase in the active and passive erythrocyte transport of sodium in the 'psychotic' group but not in the 'neurotic' group. There was no significant change in the potassium values in either group.

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**Depression and Attempted Suicide: A Study of 91 Cases seen in a Casualty Department;** JOHN BIRTCHELL and JOSÉ ALARÇON

(1) The severity of depression and some attitudes towards the suicide attempt were recorded in 91 cases seen in the casualty department of a Scottish university city. The sample contained 23 teenagers (25.3 per cent).

(2) The self-administered depression rating scale had been used in a previous study of patients receiving ECT. There was found to be no significant difference in the depressive symptomatology of the attempted suicide and ECT treated patients though the mean depression scores were lower in the attempted suicide group.

(3) A significant relationship was demonstrated between the wish to die at the time of the attempt and the depression rating score.

(4) There appeared to be no relationship between the level of consciousness and the severity of depression, but a significantly higher proportion of those who lost consciousness were recommended for admission.

(5) A significant relationship was demonstrated between the period of contemplation of the attempt and the wish to die. The mean depression scores were higher the longer the period of contemplation.

(6) Though the assessing psychiatrists had not seen the depression rating score those

patients recommended for admission were shown to be significantly more depressed.

(7) The use of the questionnaire as a possible screening procedure of attempted suicides seen in casualty departments was considered.

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**Intravenous Chlorimipramine Therapy in the Treatment of Severe Depression;** G. H. COLLINS

The subject of the current clinical trial is the use of intravenous chlorimipramine therapy as a possible alternative to ECT in the treatment of severely depressed patients.

This introductory paper reviews the results obtained in the first group of sixteen patients treated by this method. These indicate that over 80 per cent of the cases showed a very good or good response to treatment.

This compares very favourably with the results obtained with ECT in similar groups of severely depressed patients, which suggests that intravenous chlorimipramine may be offered as an alternative form of treatment, especially in cases who may be reluctant to have ECT.

In only one case was treatment discontinued on account of venous thrombosis and no adverse biochemical or haematological reactions have so far been recorded. It has not proved necessary to discontinue treatment in any case on account of side effects.

The clinical trial is still in progress and it is hoped to produce a more comprehensive report in due course.

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