

determined by several interacting variables. If the MORI poll is to be repeated on the same population (to test the efficacy of the campaign), it would become evident that such 'impressions' are far from robust. We assume the campaign would then conclude that any shift in 'impression' was due to its health education programme.

Our intention was not pejorative as Priest suggests: the campaign is glossy, linking antidepressants with happiness, gala dances, and 'fun' runs, video packs, leaflets and press releases, not to mention the unfortunate similarity between its logo and that of a currently marketed antidepressant.

Professor Priest decries our critiques as 'syllogisms'. We are unable to detect any such Aristotelianism in our letter, but one could rephrase his response as:

- (a) the campaign is based on a dubious experimental method
- (b) the campaign is justified on other grounds.

Therefore: criticisms of the method are irrelevant.

ROLAND LITTLEWOOD and SUSHRUT JADHAV,  
*University College London Medical School,  
Riding House Street, London W1N 8AA*

Sir: I am sorry that Littlewood & Jadhav cannot see the wood for the trees. I am very pleased to say that their negative view is not shared by many others.

The scientific basis of the Defeat Depression Campaign was published in the *British Medical Journal* (Paykel & Priest, *British Medical Journal*, 1992, **305**, 1198–1202). Littlewood & Jadhav were confused about the need for our campaign. To most doctors the *fact* that people affected by depression suffer in silence without going to their GPs, that GPs fail to recognise a substantial proportion when they do attend, and that depressed patients do not get the best treatment when they are recognised is motivation enough.

The campaign is going well. The initiative to improve the recognition and treatment of depression in primary care is now at full steam. Over the last 12 months we have started our project to get the public more prepared to seek treatment for depression (whether by psychological or pharmacological means) and we have had a gratifying response from the media. The general reaction has been

very sympathetic. Our educational materials have been funded from a variety of sources, including public donations, the results of appeals and grants from charities. A more detailed report will appear in the *Psychiatric Bulletin* within the next few months.

R. G. PRIEST, *Chairman, Defeat Depression Campaign Management Committee*

### Psychiatry in Argentina

Sir: Professor McClelland's article 'A visit to Argentina' (*Psychiatric Bulletin*, 1994, **18**, 569–571) describes with accuracy many problems psychiatry faces in that country. Most of his description is focused on Buenos Aires. Other provinces do not necessarily share identical problems, such as Mendoza, the fourth largest city of Argentina, where I began my training. The scheme I joined had a strong influence from the department of psychiatry at the local university which had firm roots in existentialist philosophies and a discouraging attitude towards psychoanalysis. The recommendations made in the article were to a great extent met in that scheme in Mendoza, but not necessarily so in other parts of the country, as Argentina is a Federal Republic.

As pointed out, many Argentinian psychiatrists, particularly those occupying posts of power such as hospital directors, overidentified with various political regimes. This overidentification stood firm even when the political regimes changed from totalitarian to more democratic ones; most of those people continued in charge of those same posts, greatly impeding change.

Those who voiced the needs of psychiatric patients and denounced corrupted practice were labelled subversive or reactionary, and the lesser punishment was loss of their jobs. This also happened in other areas of the medical profession. It is unfortunate that echoes of some of my experience in Argentina are happening in this country; the *Daily Telegraph* (September 1994) published an article referring to a consultant physician who was facing dismissal because he made unfavourable comments on the reforms about the NHS.

I left Argentina almost ten years ago; I still exchange correspondence with friends who trained with me. Regrettably, their recent comments reflect a similar picture to the one I remember.