References

Ekblad, M. (1955). 'Induced abortion on psychiatric grounds; follow-up study of 479 women.' *Acta psychiat. neurol. Scand.* (supp. 99).

Sim, M. (1963). 'Abortion and the psychiatrist.' *Brit. med. J.*, *ii*, 145–8.

Dear Sir,

Dr. Sim sees an inconsistency in that, in my paper on puerperal psychoses (*Journal*, January 1969, page 9), I state that I do not consider my findings 'to have much relevance to the question of termination of pregnancy' and yet criticize a conclusion of his 'there are no psychiatric grounds for termination of pregnancy' (Sim 1963). However, in the paper I did continue to point out that I did not assume, as did Sim 'that the main issue facing the psychiatrist is whether the mother is likely to develop a puerperal psychosis and the effects of such on her future health'. Because I have never accepted this view, I cannot accept a study concerned mainly with puerperal psychoses, my own or his, as having much relevance to the question.

There is no doubt that the outlook for women developing schizophrenia in the puerperium has improved with more recent treatments. Dr. Sim may not consider that a risk of one in five of a woman developing a further schizophrenic illness with a further pregnancy is sufficient for seriously considering termination of pregnancy. This is a figure obtained from a group study, and we know that individuals differ in their predisposition towards further illnesses, as they differ in their social circumstances and their likelihood of accepting the treatments we have to offer. I do not wish to argue an extreme opposite view to Dr. Sim's, but consider that every woman who presents to us as psychiatrists requires individual consideration as to whether in her case termination of pregnancy is the best treatment we can advise.

I do not claim in my paper that Dr. Sim's statement 'there are no psychiatric grounds for termination of pregnancy' was a prejudgement prior to his study, but those who accept the conclusion are certainly prejudging the issue thereafter.

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Reference

Sim, M. (1963). 'Abortion and the psychiatrist.' *Brit. med. J.*, *ii*, 145–8.

MANIC-DEPRESSIVE PSYCHOSIS

Dear Sir,

I read T. H. Court's recent paper 'Manic-depressive psychosis. An alternative conceptual model' (*Journal*, December 1968, p. 1523), with considerable interest. In a recent review of studies bearing upon the neurophysiology of affective illness, Joe Mendels and I have reached very similar conclusions regarding the difficulties of a bipolar model for manic-depressive illness (1).

It appeared to us, however, that a third model having advantages over that of a continuum might also be entertained. Here, depression, mania and normality of mental state may be seen as occupying the three corners of a triangle. The clinically observed 'mixed' affective state then falls along the continuum between mania and depression, but either state may revert to normality without necessarily passing through the affective tones of the other. This is in keeping with clinical experience, and bypasses the difficulty, noted by Dr. Court, that the continuum model does not easily account for those individuals who move directly from normality to mania and vice versa. The evidence he presents supports such a model equally well.

Also of note is that preliminary sleep E.E.G. studies give further support to close similarity between manic and depressive states, at least from a neurophysiological standpoint. The disturbance in sleep pattern of one manic patient (2) was essentially the same as that found in severely depressed patients (3), with a gross reduction of stage 4 sleep and a very low arousal threshold.

Peter C. Whybrow.

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References

1. Whybrow, P. C., and Mendels, J. 'Towards a biology of depression. Some suggestions from neurophysiology. (*Amer. J. Psychiat.*—In Press.)
2. Mendels, J., and Hawkins, D. R. (1967). 'Sleep and depression: A controlled E.E.G. study.' *Arch. gen. Psychiat.*, **16**, 344–54.
3. Hawkins, D. R., Lipton, M., and Mendels, J. (1968). 'Sleep studies in a hypomanic patient.' *Psychophysiology*. Abstract from Proc. of 7th Annual Psycho-Physiological Assoc., **4**, 388.

[This correspondence is now closed.]

TRAINING OF PSYCHIATRISTS

Dear Sir,

In view of the very inadequate experience and training in Subnormality shown in the Report on