least must be considered wasteful of resources, and it would be of interest to know characteristics of these patients which might help to predict unsuitability. Ideally, a prospective study is indicated; however I wish to report results based on very simple data (age, sex, marital status and number of siblings) which were routinely collected from a sample made up of all patients treated in the last four years at this hospital in weekly out-patient groups of an analytical type.

It seemed likely on an intuitive basis that success in group therapy would be associated with the size of family that the patients came from. In particular it was expected that the pattern of lapsing of patients without siblings (only children) would be different from that for patients with siblings.

The sample of 151 patients was divided into sub-sub-samples: (i) non-starters who attended a total of six or less sessions; (ii) long stay patients who attended 25 or more sessions; and (iii) intermediate categories who attended for 7–12 sessions and for 13–24 sessions.

TABLE I
Pattern of lapsing

	Number of sessions attended				Total
	1–6	7–12	13–24	25 or more	
Only children	12	1	4	15	32
Patients with sibs	26	27	27	39	119
Total ..	38	28	31	54	151

χ^2 for only children (intermediate categories merged) = 7·57; d.f. = 2; p = less than 0·05

The pattern for only children is clearly bimodal and quite different from patients with siblings (Table I). There are therefore two quite separate kinds of only children—one kind that is unusually suited to groups, and the other kind who apparently cannot tolerate the presence of others in their treatment.

TABLE II
Marital status

	Only children (no. of sessions)			Total sample
	1–6	7–24	25 or more	
Single	5	5	14	114
Married, widowed separated or divorced	7	0	1	37
Total	12	5	15	151

What, if anything, will distinguish between these two kinds of children? Table II shows the proportion of only children who are or have been married. It is very striking that all except one of the only children are non-starters.

It can be tentatively suggested that married only children should be considered less suitable for group therapy.

It is also interesting to consider psychodynamic aspects of the personalities of only children. On the basis of whether they stay or drop out of groups they can be labelled as 'sociable' or 'unsociable'. The 'unsociable' (non-starters) presumably seek to preserve the characteristic situation of their families of origin and to exclude others who could represent siblings from intimate relationships. They seek exclusive relationships, and of course it is these 'unsociable' only children who marry. Their problem is that they cannot share—as a result one would expect that the marriages would be characterized by a dependency relationship, that there may be abnormal jealousy, and that there would be less likelihood of children from the marriages.

The 'sociable' only children are very different. They appear to avoid exclusive relationships and cannot pursue one to the point of marriage. One might expect that their childhoods and lives have been dominated by guilt about the absence of siblings, so that they are compelled to share.

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COMPATIBILITY OF MAOI AND OTHER PSYCHOTROPIC DRUGS

DEAR SIR,

Man and Aleem (*Journal*, Jan. 1972, p. 120) state that they read my paper (1) with interest, but also, apparently, without understanding. The paper was concerned with the use, not the misuse, of combined antidepressants. It is difficult to see what relevance the drug history of their patient has to the administration of drugs under proper medical supervision or indeed to the whole question of the compatibility of the MAOI's and tricyclic antidepressants.

Schuckit *et al.* (2) do *not* report the combination of tricyclic drugs and MAOI's to be effective, they report it to be *safe*—when used orally in normal therapeutic doses. The case under discussion is of course just another example of the numerous red herrings they have so carefully snarled.

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Your correspondents warn that 'great danger indeed exists in combining the tricyclic drugs and MAOI's in large dosage', and then go on to report in support of this statement a case where a patient has received not a *large* dose but a *gross overdose* of one of the drugs.

Their patient received up to 180 mg. of phenelzine daily for ten days; a large enough dose to account for all of the adverse effects observed even if the patient were not receiving any other drug. Of course the addition of 75 mg. of amitriptyline daily no doubt ensured the certainty of disaster.

180 mg. of phenelzine daily is more than twice the maximum recommended dose and four times the usual starting dose even when used alone. It is twelve times the reasonable starting dose when used in combination with amitriptyline (1) (2).

This case adds no new information to our knowledge of the dangers of any of the drugs involved, but it does underline the importance of ensuring that there is careful medical management and control when powerful and potentially lethal drugs of any nature are prescribed.

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2. SCHUCKIT, M. *et al.* (1971). 'Tricyclic antidepressants, and monoamine oxidase inhibitors.' *Arch. gen. Psych.*, **24**, 6.

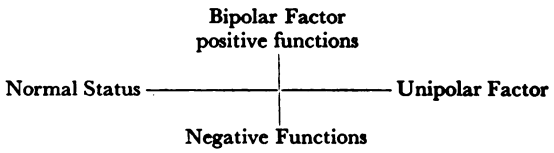
THE CONTINUUM MODEL OF MANIC-DEPRESSIVE PSYCHOSIS

DEAR SIR,

J. H. Court (*Journal*, February 1972, p. 133–41) has sought to reaffirm that a continuum model explains manic-depressive psychosis better than the bipolar Kraepelinian model. He draws attention in the continuum to a number of unipolar variables, namely, progressive failure of the sodium pump, increasing reaction time and insomnia; one might add increasing distractibility and psychoticism. The correlation of these variables with mood is a valuable concept. However, it is inherently unlikely that so complex an illness could be modelled, as he suggests, on a single dimension. (Following his argument *ad absurdum*, minimal hypomania is predicted to alternate with maximal depression.)

The unipolar variables from which he constructs the continuum are, with the exception of mood, primarily physiological, relating to underlying biochemistry and brain function. Conversely the bipolar model is a clinical or behavioural model. These may not be mutually exclusive, but rather complementary.

Bipolar changes from one clinical state to the other are the characteristic of this illness. They are obvious in mood, activity and speech, but also apparent in changes in superego pressures, in the tendency to take percepts from internal or external cues and the alterations in the balance of intra/extrapunitive hostility. At the risk of creating a fourth 'model', I would suggest that these two sets of functions, the unipolar and bipolar, seem likely to subserve different physiological (and/or psychic) phenomena. They might usefully be investigated against a combined axis as under:



It is likely that a complete statement to account for the wealth of clinical presentations would involve many more variables than these two groups.

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BRAIN HYPOXIA

DEAR SIR,

I am writing to you, as one of the Assessors for your *Journal*, to protest about the review of *Brain Hypoxia*, edited by Brierley and Meldrum, in the February 1972 issue (p. 239).

The review is not only unfair to contributors, editors and publishers of the symposium, but is singularly unhelpful to your readers who may want to know whether to get the book from a library or even whether to buy it. Your reviewer's criticism that in this volume '. . . results can be made public for a second (or even a third) time . . .' is unjustified. The book, in fact, contains an unusual amount of new information; for example in the section on the physiological and neuropathological effects of hypoglycaemia in adult and new-born animals, in the section on the physiology of induced seizues, or in that on continuous monitoring of intracranial pressure during and after exposure to hypoxia. And I for one shall certainly refer students to this book, if they want to find out how these problems and many others are being tackled experimentally and clinically.

As far as I know there has been no Symposium on cerebral hypoxia and related subjects for ten years. These well edited and illustrated Proceedings would