



Cheadle Royal Infirmary, Manchester. (Royal Commission on the Historical Monuments of England).

important part of the original scheme. The hospital was erected when the quality of the environment was considered to be important, and access to spacious grounds and a rural setting, with fresh air and natural light was thought to be therapeutic.

This generation of asylums marked a break with treatment based on incarceration and restraint.

Rainhill approximated to the ideals of John Conolly (1794–1866) who was a pioneer in the field of asylum design and the humane treatment of patients. The design makes an interesting comparison with the former Manchester Lunatic Asylum (now Cheadle Royal Hospital) by Richard Lane which was completed in 1850 and is based on a similar pattern of long low blocks radiating from a central administration building. This allowed the architect to combine the advantages of tranquil views and access to sunlight and fresh air with the convenient segregation of patients by age, sex and type of condition. Elaine Harwood, author of a study on the history and plan forms of lunatic asylums, believes that Rainhill is one of the most innovatory asylums erected at a time when the building type was at its most interesting. She also points out that Elme's sketch designs, which are in the RIBA Prints and Drawings collection, illustrate the contemporary dilemma over the relative suitability of classical, Elizabethan or Gothic styles for hospitals.

The buildings now lie empty while the wheels of bureaucracy turn. They are in generally good condition, although the security guards have to work hard to curb theft and vandalism. There seems to be no reason why the complex could not be converted to sheltered accommodation or flats, like St Mary's House in Portsmouth. One thing is certain – if they are demolished it will represent a grievous loss to the tiny stock of works by one of our finest neo-classical architects, and a loss also to the history of hospital planning, design and architecture.

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Conference briefing

Marcé Society, Sixth Biennial Meeting*

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Although a novice might be forgiven for believing that the Marcé Society was an organisation dedicated to the study of the effects of marching or regular exercise on nervous disorders, anyone with more than a passing interest in post partum disorders would know that it was named after the famous 19th century French psychiatrist, Lewis Victor Marcé,

*Held from 2–4 September 1992 at the Herriot Watt University.

who wrote a big book (regrettably, all in French) on the psychiatric sequelae of childbirth.

Professor Paykel, the president elect, introduced the retiring president, Dr Margaret Oates, who opened the conference with an attack on the government's health reforms and highlighted the risks the changes had for the management of post partum disorders. Case registers were being axed as districts were meant increasingly to shoulder the responsibilities of central government and so less accurate

information would be available, while less than half the psychiatric units in the UK had even the most basic facilities for admitting a mother and baby together. It was questionable whether the free market had anything to offer for such a rare condition. Thus a fund-holding GP might see a puerperal psychotic patient only once every five years, and see no more than half a dozen cases of post natal depression a year.

Contributions from Keele, Holland, Japan and Canada all demonstrated the very powerful effect that social factors have on post natal depression. The symptomatic profile of post natal depression did not differ in any of the studies from non puerperal depressions but the Keele study demonstrated that childbirth raised the inception rate by a factor of three. A persistent worry for obstetricians is that hospital deliveries and modern high tech obstetrics cause anxiety, dissatisfaction and depression in mothers. Holland provides a unique testing ground for such a notion because over half the deliveries are at home, and Dr Victor Van Pop found the place of delivery had no influence on subsequent rates of depression.

Using rating scales developed in the UK, but translated into Japanese, Dr Okano reported very low rates for post natal depression and the maternity blues in Japan. Why should this be? There is very much less psychosocial deprivation in Japan and also far greater taboos on the expression of emotion. The Japanese have a custom of *sagotaeri-bunben*, where a woman immediately before, or soon after delivery, goes to stay in her own mother's house for a month or two and this may also help diminish maternal stress.

A much neglected group of women are those who suffer from physical abuse from their partner, and the suffering for these women may be very much greater than among those with uncomplicated post natal depression. Professor Donna Stewart, from Canada, conducted a survey in an ante natal clinic and found that as many as 6% of women reported physical abuse from their male partners. These women were very frightened and believed that chance was the most important determinant of their future, and they were also liable to an increased rate of just about every obstetric, paediatric and psychiatric complication going, quite apart from also suffering from high rates of alcohol, tobacco and substance abuse during pregnancy. Physical attacks generally increase during pregnancy with attacks directed to the abdomen rather than the head and neck as occurs in nonpregnant women. Little is known about these women, but this is hardly surprising as more than a third refused to leave their name and address on the research questionnaire, let alone talk to anyone about their plight. Despite this, Dr Louis Appleby reported that the suicide rate during pregnancy was very low, reduced by a factor of

20, and it also remained low after delivery, but the rate for parasuicide was reduced by only a factor of a half.

Fathers should not be forgotten, pleaded Dr Simon Lovestone of London, and he reported that over half the fathers of wives who were admitted for a post partum psychosis also became ill themselves, mainly with depression and anxiety. Interestingly, the main predictor for fathers becoming ill was a description of a poor relationship with their own father. So maybe Dr Freud was right after all! For nonpsychotic depression, Dr Ballard from Birmingham reported that 5% of fathers were depressed at six months compared to 25% of their spouses. Bonding failure is one of the most important sequelae of post natal depression and Dr Andy Sluckin, a psychotherapist from Norwich, described how this disorder results in a deep sense of shame so that it is almost invariably kept secret and covered by a totally false relationship with the infant.

Biological studies of the blues and post natal depression continue to yield conflicting results which are rarely replicated apart from the finding of an elevated plasma cortisol in the blues, as reported by Dr Glover in the UK, Dr Okano in Japan, and a study from Germany. Two studies demonstrated a lack of association with oestradiol in the blues, but despite this Dr Alan Gregoire reported a controlled trial of oestrogen skin patches which showed they were beneficial in post natal depression. The biogenic amines continue to intrigue the biochemists but Alyx Taylor from Queen Charlotte's found no association between whole blood 5HT levels and the blues despite several previous reports of an association between the blues and free plasma tryptophan. Even Wiek and Kumar's dramatic finding that mothers at high risk for a puerperal psychosis have increased dopamine receptor sensitivity has not been replicated in preliminary findings presented by Dr Meakin from Birmingham. Biological research into post partum disorders is rather like panning for gold, the bright flash of the gold is seen, yet as soon as the fingers reach out and try and pick it up, it disappears down the pan, into the river, never to be seen again.

Can post partum disorder be prevented? Professor John Cox of Keele, reported that a simple education package taught to health visitors can significantly reduce the rates of post natal depression reported at six months, presumably because the health visitors are more alert to the condition, refer earlier, and offer more counselling themselves. The Marcé Society itself is going to try to initiate a multi-centre trial on the prophylactic value of lithium administered soon after delivery among women who have been previously hospitalised for a puerperal psychosis. Anyone interested in joining in this multi-centred trial should contact Professor Ian Brockington in Birmingham.