

respond to the same stimulus with a marked increase in palmar sweating. Ackner (1956) has also emphasized that subjects may be exposed to comparable stimuli, but the emotional significance of a given stimulus to the individual determines the occurrence and to a large extent the severity of the bodily response to it. For these reasons we felt that even the most elaborate statistical treatment would not overcome all the problems so we reported "stress" results in general terms. We did not report significant differences between "stress" values, but merely used percentage changes as a simple measure of reactivity, though aware of the limitations. It is because of the difficulties inherent in the making of "stress" measurements that we have concentrated predominantly on "basal" values.

We doubt the validity of Dr. Aitken's analogy between the increase in skin conductance and increase in forearm blood flow. While agreeing that change in conductance is proportional to the number of active sweat glands, we do not know of evidence to suggest that increase in forearm blood flow is related to the number of dilated arterioles. It seems more probable that this measure is dependent rather on the degree of dilatation of the available arterioles.

The effect of age on forearm blood flow was the subject of a previous paper (Imms and Kelly, 1966). In our paper we quoted the significant increase in "basal" blood flow with age in normal controls but when all the groups were combined ($n = 263$) the overall correlation was only $+0.117$. However, the degree of correlation showed a wide range of scatter between the diagnostic groups from an $r+0.38$ (agitated depression) to an $r-0.20$ (non-agitated depression). For log "basal" forearm blood flow, the correlation coefficient with age for all the groups combined was $+0.125$, and the "b" coefficient for the combined within regression was only $.0019$. Using analysis of covariance, with age as the controlling variable, mean difference among the ten groups on "basal" forearm blood flow yielded an F ratio of 21.06 . (It had been 20.92 without age adjustment.) The corresponding ratios for log transformations were 18.10 and 18.04 respectively. Thus correction for age appears to have had very little effect on the data and does not alter any of our previous conclusions.

We would like to thank Dr. John Shaffer for his valuable statistical advice.

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INTERACTION OF ENVIRONMENT AND THERAPY IN THE SUCCESSFUL TREATMENT OF A DRINAMYL ADDICT

DEAR SIR,

Although it might be thought that those people most closely connected with a young drug addict would be delighted to see the patient recovering from his disorder, it is possible that his immediate circle may react strongly against any alteration in the patient's way of life and behaviour. While treating a young drinamyl addict for social anxiety (Kraft, 1968), attention was paid to the responses of family and friends to his improvement, and this report is based upon these observations.

When the young patient was admitted to hospital for the treatment of his drug addiction, his father, aged 50, developed panic attacks, in which he felt that he was about to die. The father, although realizing that he should be pleased at his son receiving a course of treatment, felt that he was in need of treatment himself, and decided to register as a patient at the hospital. He was given a supply of nortriptyline 25 mg. t.d.s. and chlordiazepoxide 10 mg. t.d.s.

Three months later, when the son's treatment was nearing completion, the father returned from his work in a highly distressed state, saying repeatedly: "I'm going mad! I must go somewhere!" The son, bewildered by his father's behaviour, suggested that he might like to contact the therapist. The father complained of anxiety at work and of a constant feeling of fright and confusion. Although he was pleased that his son had become "a different person", his deterioration coincided with the son's improvement. When entering a public house he felt that he wanted to avoid the other people and constantly watched for closing time. He did not connect his own symptoms with his son's improvement, but accepted the argument that the son had similar difficulties in social situations before treatment, and that he had masked these by taking drugs and so had served as a projection of the social anxieties of his father.

The patient's mother, aged 43, noticed a change in her son during the first seven weeks of treatment, saying that he had become a man and was no longer a helpless child. She admitted finding adjustment to

her son's improvement rather difficult, and became uncertain how best to behave towards him, as she no longer knew exactly how he might react to her actions.

Three months after the treatment had been completed, the mother admitted that she was not happy at having lost her "baby", and found little consolation in transferring her attention to her daughter's baby. She was unhappy about the changes in her son and saddened by his developing so rapidly into an adult.

His sister, aged 21, became increasingly uneasy at her brother's changed behaviour, insisting that he had not grown up at all and was as immature as he had ever been. Possibly this was an attempt on her part to maintain their former relationship, which she had enjoyed. Four months after the completion of his treatment she telephoned the hospital to say that he had disappeared, although in fact she knew where he could be found, and had been several times to his flat.

The patient's 19-year-old girl friend visited him at the hospital in the early stages of his treatment. At first she enjoyed dancing with him at a hospital social, but as his treatment progressed she lost interest, for she could no longer implore him to stop taking drugs, which she had enjoyed doing. She decided to return to her parents in Scotland, taking her child with her, and though initially her parents were very angry, they finally allowed her to return home. The girl said that she wished to discontinue her relationship with the patient, never to return to London but to continue writing to him, but she did not do so. Five months after the patient had completed his treatment she telephoned from Scotland to say that she might return to London in the near future, but again she did not arrive. The patient is now starting to make new relationships.

When the patient was nearing completion of his treatment, an untreated addict came to his home. The atmosphere became very tense when the addict said angrily: "It's all right for you, you don't need drugs any more", to which the patient replied: "Well, you can see a psychiatrist!" It became even more difficult when the patient approached an addict who had recently been released from prison. When the addict heard that the patient no longer needed drugs for his support, he hit him, and the patient received minor facial injuries.

The patient finds that he has little in common with his former addict friends, and recognizes that he will have to find a new circle of friends. This was also observed in a 20-year-old alcoholic patient reported elsewhere (Kraft and Al-Issa, 1967), who made a complete recovery after receiving a course of treat-

ment designed to counteract his social anxieties.

While general conclusions may hardly be reached from a single study, there seem to be indications that the successful treatment of a young drug addict may cause hostile alterations in the attitudes of family and friends. In any treatment of this kind all relevant factors in the patient and social environment should be considered from this point of view.

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UNILATERAL E.C.T.

DEAR SIR,

Following the three recent papers on unilateral E.C.T. perhaps it is not too much to hope that this might now be accepted as the standard practice.

All studies have shown that besides being as effective clinically as bilateral in relieving depression, it is much more comfortable and less traumatic for the patients; and after all it is they who count most.

The long-term benefits of reduced unpleasantness to patients are considerable, as the general ward atmosphere and desire of patients to help in their further treatment is much greater. Even more benefits are found with out-patient treatment, where the patients can be allowed to go home very much earlier without any special escort and can be encouraged to get back to their work very often the same day.

The nurses, of course, find looking after E.C.T. patients much easier and no longer need to use the so-called recovery rooms.

In this hospital, which is a typical mental hospital in a rural area, we have been using unilateral E.C.T. for in-patients and out-patients as standard technique for the last eight years, and we doubt whether either patients or staff would tolerate a return to bilateral treatment.

This technique has been widely accepted in the United States, and a textbook appearing early next year will be including a chapter on unilateral E.C.T.

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