

should be given the benefit of electroconvulsive therapy immediately. The moment you give monoamine oxidase inhibitors you have put the brakes on your own car, because if it goes wrong, no other drug can be given for about 10–14 days, whereas if you start with anti-depressant therapy by imipramine or amitriptyline, treatment remains a matter of personal choice and idiosyncrasy. If you start them off on any of the thymoleptic drugs apart from monoamine oxidase inhibitors you have this freedom. A depressed person on a Monday may not be a serious risk, a depressed person on a Thursday may be a suicidal risk and I think you have to watch the spectrum of change in depression.

Dr Stewart: I would like to ask whether there is approval for the question which is now appearing on some life insurance examination forms—"Has the patient consulted a psychiatrist?",—because this can obviously be held as an adverse factor on whether they are accepted or not. Should this influence us when we decide whether or not to send a patient to a psychiatrist?

Dr Henderson: Why as a profession do we go along with the form with which we do not agree? I think that every doctor should use his own discretion in this matter. You have to use your professional conscience in this and decide whether you are going to leave the space blank or exactly what you *are* going to do. I think it is a question of being relatively honest. There is nothing to say that you *have* to fill in this particular part of the form. Many a young person has seen a psychiatrist for some particular reason and is not insane, or of unsound mind, or inadequate or anything else, he simply has to see a psychiatrist. A number of countries are very chary indeed about accepting patients who have had any form or stigma of contact or association with psychiatric services. When such a problem is put forward to me, I go over their record very carefully indeed and if I feel in my inner conscience that this is a passing psychiatric disorder, I will answer accordingly. At the same time I think that if a person clearly has a recurrent serious illness, clearly may be a liability to himself, irrespective of the insurance policy, irrespective of the country he is trying to emigrate to, I think we must be equally accurate and honest. It is a similar problem with the epileptic and a driving licence, and that has caused a lot of argument.

VOTE OF THANKS

Dr I. M. Scott: On behalf of the audience I would like to thank the Chairmen, Dr Annis Gillie and Professor Millar, also Messrs. Geigy (U.K.) Limited, Pharmaceuticals Division, without whom the symposium would not have been possible. While thanking everybody I must mention particularly the tremendous amount of work put in by Dr David Fraser.