by a contribution towards the Centre expenses. A wife and mother would be free to see her family, and the latter would thus avoid much of the later hardship if she were removed to hospital.

On discharge the patient could keep in touch with the Centre through a social club, or a group such as the Recovery Inc. which does so much in America.

Brigid Boardman

Warminster, Wilts.

Care or interference?

In the editorial of December *Mental Health*, stress is laid on community care. I do not think this will ever work. As far as my experience is concerned, I would call it "community interference".

I have a relative in a mental hospital and either nobody bothers at all, or they want to know why I will not have some of their old relatives to live with me, or they say "a young couple with children would brighten you up if you had them in your house". Because one wishes to live alone it is thought queer.

Every job I have done by workpeople around the house is rushed and done in a slipshod manner although the highest price is paid.

There is nothing but prying. Income tax people send demands in regard to the sick person's affairs, and I could go on indefinitely about the *lack of help.*

Sketty, Swansea. **(Miss) P. Williams**

Depression

Depression is commoner in Welfare States where the material life has become too easy. It is less common in time of war, when the energies of the individual are harnessed to a common aim. The natural reaction after bereavement in wartime is to take up war work.

The answer cannot be in a return to difficult material conditions, or in war. It must be to find a challenge, which may be spiritual, mental or physical, suited to the individual. In treating suicidal people William James discovered years ago that what they needed was a challenge, not soothing syrup.

Predisposing causes of depression can be either a pampered or a bullied childhood. In either case, the child has not learnt to meet a challenge, and the habit is formed of turning the psychic energy inward.

In my own case, the basic cure was a spell in a very tough ward in a state mental hospital. By regression I relived childhood experiences with the ability —discovered with the help of a bracing yet understanding doctor, who said: "It's good for you to have something to put up with"—to stand up to the difficulties. The strict sister, the uncomfortable beds, and the 'hospital' food, and especially the fellowship of the other patients, was an essential part of the cure. Afterwards, when I had to travel by bus in a blizzard to see my psychiatrist at the clinic, the thought came to me, when the bus stuck in the snow and I had to struggle the last mile on foot: "If conditions were always like this, I shouldn't be visiting a psychiatrist".

Central heating, interior-sprung mattresses, knitting and embroidery, are *not* the answer for depressed patients, and I should like every psychiatric hospital to have a tough ward, with strict discipline (no bullying, of course) and conditions corresponding to those on an expedition to Everest. The division of the ward into small groups, each in charge of a nurse who understood the purpose of the system, would make it more effective. They might be given definite projects to tackle, either in or outside the hospital. On discharge, the patients should have learnt to tackle difficulties, and be helped to find them. There is still plenty of scope for effort, even in a Welfare State.

(Mrs.) J. M. Braunholtz.

Harpenden, Herts.