

Editorial

Deliberate and accidental self-harm.

One of the great privileges of editing a journal is seeing how, through the peer review process, a journal issue often develops a subject theme without much help from the editorial staff. This issue contains three stark papers on a topical area of medicine – psychiatry – and particularly the areas of addiction, suicide and death. The incidence of suicide has been rising steadily in Northern Ireland and Largey *et al*¹ show how hanging – particularly in young males, is on the increase. This is mirrored by the increase in drug dependency and the perceived decline of values in society. Lucas² shows how nearly 15% of electrocutions have been suicides – again mostly males, the remainder being accidental, and there is a warning here for DIY enthusiasts (of either sex) to be careful about electrical safety. The good news, however is that opioid dependency treatment is showing increased efficacy with improvements in dependency and a reduction in physical, psychological and social problems³.

THE ULSTER MEDICAL JOURNAL DIGITAL ARCHIVE

Searching the entire scanned archive of the *Ulster Medical Journal* for suicide and self harm, (which is now complete on Pub Med Central and includes volumes 1-74 (1932-2005) in addition to other back content and prospective issues from 2005⁴), produces 27 relevant articles. You may be interested to note that the use of Bromide of ammonium, which was cutting edge treatment in ‘the depressive phase of Manic-Depressive insanity’ as described by Robert Thompson⁵ in an excellent review in 1941, has now been superseded by more evidence based treatments (figure 1).

TRADITIONAL CURES

One area where the evidence base is sadly lacking is in alternative medical therapies and traditional cures. This issue attempts to redress that imbalance and in time for the festive season, provides evidence that although an eel skin bandage may not help sprains sustained during the season⁶, those of you who added garlic to your turkey stuffing may now be reaping the benefit as it now appears to have some potent antibacterial and antifungal properties⁷.

We thank all our reviewers for their help during 2008 and for all of you for sending in particularly high quality manuscripts this year - causing the acceptance bar to be raised to a higher standard than ever.

We wish you all a happy and successful 2009!

Patrick J Morrison, Honorary Editor.

The Depressive Phase of Manic-Depressive Insanity

By ROBERT THOMPSON, M.B., B.CH. (BELF.), D.P.M. (LOND).

Resident Medical Superintendent, County Mental Hospital, Armagh.

INTRODUCTORY.

It is to the genius of Kraepelin, whose death in 1926 must have spared him the pain of encountering Nazism, that we owe both the title and our present conception of manic-depressive insanity. This conception embraces far more than the clinical close relationship which sometimes exists between states of mania and states of melancholia. A good deal, in fact, was known about this relationship before Kraepelin's time, and its importance has, I believe, been considerably overstressed. A small percentage of patients undoubtedly exhibit in their lifetime attacks of both mania and melancholia. A still smaller percentage exhibit alternating cycles of the two conditions with few or no remissions. A mild elation is not infrequently observed at the termination of a melancholic attack, and transitory periods of depression may occasionally be observed during the course of an attack of mania. When all this is said, however, the fact remains that in the great bulk of cases no such relationship is evident, and the diseases progress with utterly dissimilar symptoms along entirely different courses. On symptomatology alone, therefore, there would, I fear, be little justification for the conception embodied in the term "manic-depressive." Kraepelin, however, probed more deeply into the problem, and his great contribution, and, in my opinion, justification for his conception, lay in his elucidation of what he termed the "fundamental states" common to both conditions. Although we can to-day, in the light of much fine work done on the psychology of the child, considerably amplify Kraepelin's viewpoint of the abnormalities of temperament which he terms "fundamental states," yet his description of these four states which he calls the "depressive temperament," the "manic temperament," the "irritable temperament," and the "cyclothymic temperament," must remain a classic in the literature of psychological medicine.

In the paper which follows I propose to limit myself to a consideration of the purely clinical aspects of the depressive phase of manic-depressive insanity, or, as it is more commonly known, melancholia.

MELANCHOLIA.

Melancholia holds an almost unique position amongst diseases in that it is characterized by only one essential symptom—mental or emotional depression. The fact, however, that there is only one symptom essential to diagnosis often makes the latter a very difficult problem. Two crucial questions present themselves; firstly, whether depression is or is not present, and, secondly, whether such depression is of such a character as to justify a diagnosis of melancholia. An attempt will be made to answer both these questions in the course of the consideration of the symptomatology of the condition, and, to facilitate this, I

29

Fig 1. First page of the review by Robert Thompson from 1941.

REFERENCES

1. Largey M, Kelly CB, Stevenson M. A study of suicide rates in Northern Ireland 1984-2002. *Ulster Med J* 2009;78(1):16-20.
2. Lucas J. Electrical fatalities in Northern Ireland. *Ulster Med J* 2009;78(1):37-42.
3. Collins R, Boggs B, Taggart N, Kelly M, Drillington A, Swanton I, Patterson D. Efficacy of treatment in an opioid-dependent population group using the Maudsley Addiction Profile (MAP) tool. *Ulster Med J* 2009;78(1):21-25.
4. <http://www.pubmedcentral.nih.gov/tocrender.fcgi?action=archive&journal=461> (Accessed 5th November 2008).
5. Thompson R. The Depressive Phase of Manic-Depressive Insanity *Ulster Med J* 1941;10(1):29-39.
6. Ballard LM. An approach to traditional cures in Ulster. *Ulster Med J* 2009;78(1):26-33.
7. Woods-Panzaru S, Nelson D, McCallum G, Ballard LM, Millar BC *et al*. An examination of antibacterial and antifungal properties of constituents described in traditional Ulster cures and remedies. *Ulster Med J* 2009;78(1): 13-15.