book (*Can Med Assoc J* 120: 133, 1979). He thought the chapter by Gerald Klerman on affective disorders was particularly praiseworthy. In the hope of finding a good reference on affective disorders I looked through my copy of the book. I did not think Klerman's chapter was excellent. Candidates for the Canadian specialty examinations in psychiatry might run into trouble if they reflected the attitude to the biologic aspect of affective disorders that Klerman presents. Rapp indicated that much the same criticism could be applied to the chapter on schizophrenia.

Klerman initially communicates enthusiasm about the advances in the field of affective disorders, including the biochemical findings. However, he concludes that there is not much practical use in trying to distinguish between endogenous and reactive depressions. The lag time between writing a chapter for a book and publication is probably a factor, for it seems that new relevant information has been appearing every month. In the chapter by Schildkraut some pharmacology basic to further clinical work is discussed that indicates that it may be important even to attempt to distinguish varieties of endogenous depression. Tricyclic antidepressants, such as imipramine, are potent in inhibiting the uptake of norepinephrine by presynaptic neurons, while others, such as amitriptyline, are much weaker in this effect but are more potent in inhibiting serotonin uptake. Recent evidence suggests that the depressed individuals who respond to imipramine differ clinically from those who respond to amitriptyline. Klerman did not mention this. This is a particular instance of an omission that seems to be important.

After reading Klerman's chapter I also got the impression that he has not been able to integrate the flow of new findings. In particular, the recent use of lithium carbonate has led to a considerable change in diagnostic psychiatry. Many patients who had been thought to be schizophrenic are responding to lithium, which seems to indicate that they actually have a manic depressive illness. An extreme example in my experience is that of a man whom, not long ago, I would have thought was a typical catatonic schizophrenic; however, he responded to lithium alone on one occasion and to lithium plus trifluoperazine on another. This is a challenging time. I think Klerman participates in the confusion with his "pluralistic" approach without really helping the student deal with the problems.

A particularly important point Klerman does not mention, although folie circulaire was described a long time ago, is that patients who are manic depressives may be virtually continuously ill. Although most episodes are self-limiting, manic depression can be a chronic illness that is associated with "deterioration". Klerman also failed to mention diurnal mood variation, alcohol abuse as a symptom of mania and treatment of refractory depression.

My sampling of "The Harvard Guide to Modern Psychiatry" is incomplete, but what I have read thus far leads me to hope that the second edition will be much improved. A discussion of psychiatry needs a solid and shorter textbook.

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Management of obstetric complications at small rural hospitals

To the editor: I take issue with the conclusion of Dr. Douglas P. Black and Susan Gick that hospitals with fewer than 100 deliveries a year should discontinue all obstetric practice (*Can Med Assoc J* 120: 31, 1979).

There must be many small isolated hospitals, such as the one in my community, in which there are never more than two or three deliveries a month, the doctor is single-handed, and the facilities for such procedures as blood transfusion and cesarean section are nonexistent. Yet obstetrics continues to be practised, as it has for many years, and the inhabitants of the community wish it to continue.

In my community careful prenatal supervision, sharpened by the knowledge that in bad weather or at night the practitioner will have to deliver the infant come what may, results in elective delivery "outside" hospital in about 30% of all cases; in the remainder delivery occurs in hospital, where the only aid is a vacuum extractor and pudendal block.

I do not pretend that such practice is without hazard; however, I deplore the philosophy that unless total care is available all care in that field should be denied. Rather I suggest that every aid to prenatal diagnosis, such as ultrasonography, be available in small isolated hospitals, and that persons practising in these circumstances should have the opportunity to improve their basic skills in obstetrics. In this manner we can help care for the pregnant woman in her community, not only to her satisfaction, but also to the increased well-being and security of the whole community.

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Scientific meeting epidemic

To the editor: I enjoyed Dr. Kenneth M. Leighton's light-hearted musings on scientific communications (*Can Med Assoc J* 119: 1139, 1978). Although I cannot argue with much that he says — for instance, none would disagree that all researchers are not blessed with "silver tongues" — I take issue with his basic assumption that there are too many scientific meetings and that they are a waste of time. While this may be true of Dr. Leighton's chosen field, the answer is obvious — don't go. To my knowledge no compulsion exists to attend these meetings. Salaried university staff may be tempted to join the "jet set" by rushing off to meetings in far-flung corners of the globe, but few full-time "fee-for-service" personnel are so attracted. Loss of income is such that few would wish to attend any more than two or three meetings a year.

To improve the quality of large general meetings, the American