

With regard to the possibility of a dose response relationship for the plasma levels, we considered fitting the above model with Q deleted. The result was that the mean square errors for imipramine decreased from 2,821 to 2,749, while for DMI and total there was an increase from 7,341 and 11,367 to 9,229 and 13,149 respectively. Thus there appears to be no apparent linear dose response relationship for imipramine plasma levels, while it is likely that such exists for DMI and total levels.

We also observed an interesting lack of correlation between imipramine and DMI levels in the long-term therapy. The correlation between imipramine and DMI for the 24 patients is 0.263, which is not significant. Furthermore, when the plasma level of DMI is allowed to compete with QS, QA, and QT in entering the model for imipramine, small non-significant partial correlations are observed; and identical results hold when the plasma level of imipramine competes for describing DMI plasma levels.

A review of the literature since 1967 turned up no other paper reporting long-term blood levels in imipramine therapy.

CHARLES DEWITT ROBERTS.

EDNA N. ROBERTS.

District Journal Society,
5217-42nd Street, N.W.,
Washington, D.C. 20015,
U.S.A.

REFERENCE

1. MOODY, J. P., TAIT, A. C., and TODRICK, A. (1967). 'Plasma levels of imipramine and desmethylimipramine during therapy.' *Brit. J. Psychiat.*, **113**, 183-93.

A DAY HOSPITAL'S FUNCTION IN A MENTAL HEALTH SERVICE

DEAR SIR,

It has been a great pleasure to read Dr. Morrice's paper (*Journal*, March 1973, pp. 307-14) describing aims, aspirations, methods and ideology very closely approximating to my own.

I very much associate myself with Dr. Morrice's views that a Day Hospital can and should function as an integrating centre between hospital and community services. With this in mind I have, since 1967, organized once monthly multi-disciplinary clinical co-ordinating meetings, comprising a buffet lunch and either a speaker, a case presentation, or a free discussion meeting. The purpose is to provide a forum for professionals and other parties working in the mental health field in this area to meet each other personally, discuss mutual cases and problems, acquaint themselves with latest developments and learn from each other and the speaker. The meetings are very informal and at least one third of the time is spent in discussion. The speakers come from a wide field of interest, and include the regular participants—for instance, a consultant colleague, a marriage guidance counsellor, a Family Planning Association doctor, a group therapist at an approved school, a general practitioner, the head of the Department of Employment disablement resettlement services, a medical officer from a student health service social worker attached to a general practice, and others.

The growing popularity of these meetings has proved the need for such a facility. A level of multi-lateral communications and a degree of cordiality have resulted, which are otherwise not easily achieved.

SUSANNE SHAFAR.

*Department of Psychiatry (Day Department),
Crumpsall Hospital, Manchester, M8 6RB.*