

conditioning techniques are of the disease-attacking sort, and should be as specific as possible, while all relationship therapies, from psycho-analysis onwards, are non-specific.

5. *Prognosis.* It is within the proper exercise of the doctor's authority to decide how far the sufferer's environment (as contrasted with his disorder) affects the prognosis. Environmental stress, whether social or other, affects prognosis whenever specific treatments for disease are less than 100 per cent successful. In psychiatry this means almost always.

These comments should suffice to show that the kind of depersonalized model described by these authors cannot be an exclusive source of the doctor's authority. Medicine may be, as they say (p. 955) a 'dirty, rough business', but it is still, at least on this side of the Atlantic, concerned with real human beings as well as models.

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SIEGLER, MIRIAM, and OSMOND, HUMPHRY (1966). 'Models of madness.' *Brit. J. Psychiat.*, 112, 1193-203.

DEAR SIR,

In reference to our paper, 'Laing's Models of Madness', we quite agree with Dr. Mathers that our description of the medical model in our original paper is 'limited'. In another of our papers on this topic 'Models of Alcoholism' (1) we attempted to deal with the problem of limitation. We said: 'The models are abstractions, or "ideal types". The reality from which they are abstracted is extremely complex, and in order to make models which can be compared the complexity must be reduced to manageable proportions. In doing so, we are aware that we have necessarily distorted the reality which is experienced by the proponents of the various points of view. We trust that the exercise of constructing and contrasting models will prove sufficiently useful to compensate for the inevitable distortions occasioned by this method.

A model is only a point of view or theory arranged in such a way that it can be compared with some other point of view or theory. We are in the process of collecting all the many and varied points of view about schizophrenia which we can find. We hope to encourage others to do the same. We would be particularly pleased if someone whose model we have described would say to us: 'You have got my model quite wrong. In the dimension of aetiology, it really

ought to read . . .' We feel it would then be possible to have much more focused discussions of actual differences in opinion than we have had so far.

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CLASSIFICATION OF DEPRESSIVE ILLNESS

DEAR SIR,

I should like to report the findings from an attempt to replicate Kendell's discriminant analysis of the features of depressive illness (1968), using data from item-sheets completed on patients admitted to the Professorial Psychiatric Unit, the University of Melbourne.

This unit provides training facilities over a six-month period for postgraduates in the third year of their appointment to the State Mental Health Service. As part of their duties these postgraduates, of equivalent status to registrars in the British system, had to complete an item-sheet whose design was largely influenced by the Maudsley 'item-sheet'. The appearance of Kendell's monograph provided an opportunity for a test of the value of this method of collecting data and a fortuitous chance to replicate the basic study, as all the sixty items selected by Kendell were included in this item-sheet, and were recorded by trainee psychiatrists as in the Maudsley study.

Kendell's choice of discriminant analysis was determined by his preference for a linear canonical variate capable of handling data dichotomized as coming from patients with either psychotic or neurotic depression. The procedure in summary was to calculate the percentage frequency (p) with which each of the sixty items occurred in the two diagnostic categories; to calculate the standard error of the difference between the two percentages for each item, and to use the critical ratio (CR) with its positive or negative sign as the diagnostic weighting. The formula for the critical ratio (from which, incidentally, the square root has been omitted in the monograph) is

$$CR = \frac{p^1 - p^2}{\sqrt{\frac{p^1(100 - p^1)}{N_1} + \frac{p^2(100 - p^2)}{N_2}}}$$