

Correspondence

THE DIAGNOSIS OF DEPRESSIVE SYNDROMES AND THE PREDICTION OF E.C.T. RESPONSES

DEAR SIR,

In their paper (*Journal*, August 1965, page 659), Carney, Roth and Garside describe a sophisticated factor analysis of diagnostic items and treatment-response which fortifies their opinion that endogenous depression is qualitatively distinct from neurotic depression. It would be agreed, I am sure, that, in any research, formidable techniques of statistical analysis cannot reveal truths impossible of access by the method of data collection used.

The data collected in the Newcastle study were subjectively-determined scores. Before treatment the patients were assessed "by one of the authors" who "found it necessary to supplement the information from the interview with material from the case notes and the observations of the nursing staff". Subsequently, "follow-up assessments were made at 3 months and 6 months by one of the authors", by clinical examination and "consultation with medical staff and charge nurses". In other words, there was always an element of indecision.

We may fairly suppose that when the authors made their assessments they were already of the opinion that endogenous and neurotic depression were distinct entities. The analysis reported is an analysis of their opinions, including their opinions of improvement after E.C.T. Did the analysis reveal something that was really present in the patients? Or did it reveal primarily what was present in the authors' minds, through which bimodally-biased filters all the information had had to pass before reaching the man-made computer?

The response-to-E.C.T. argument must be rejected, since the "response" was actually a score subjectively determined by authors who, at the time, knew the history and also whether E.C.T. had been given. We are left only with the following answer to possible observer preconceptions: "It would, however, be difficult to explain along these lines the close correspondence between the correlation of features with diagnosis, on the one hand, and their loadings for the bipolar factor on the other." Would it? Or does one, not without admiration, desecrate here some rather splendid statisticsmanship?

I should acknowledge my personal sympathy with the authors' belief concerning the bimodality of depressive disorder. I am, however, beset by nagging doubts about the evidence. Had the authors employed an assessor from among those psychiatrists who firmly believe that endogenous and neurotic depressions are not distinct, and the factor analysis had yet produced the same results, I should have been convinced. Perhaps surprised too.

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DEAR SIR,

At first sight the article by Carney *et al.* (August 1965) contains an impressive mass of statistical data. However, when one looks more closely and critically at these statistics, some serious fallacies can be detected.

A number of clinical features of depressive illnesses are analysed, and correlation coefficients are published which have been worked out to three decimal places by a computer. Unfortunately many of these clinical features cannot be expressed in numerical terms; examples are "hysterical features or attitude", "hopeful attitude towards illness", "constipation", and "adequate personality". The authors make the following statement about their method of assessment of these features: "A score of one was assigned to each clinical feature if present, and a score of nought if absent, except in the case of 'guilt' when delusions scored two, 'feelings', one, and 'guilt-free' nought."

The method of assessment was therefore quite arbitrary, and it seems to me illogical that correlation coefficients worked out to three decimal places should be derived from these original rough assessments. Clearly, many of the clinical features examined cannot be said to be either present or entirely absent, and the application of the most elaborate statistical techniques available cannot alter the fact that many of the basic data cannot be expressed quantitatively at all, or at best can only be assessed very roughly, as is illustrated by the authors' rating scale for "guilt".