

helped the mentally disabled over the past 150 years.

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Reference

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Who was Jellinek?

SIR: Hore (*Journal*, 1990, 157, 786–789) has provided a fair-minded reappraisal of Jellinek's *The Disease Concept of Alcoholism* (Jellinek, 1960). There are three issues on which he might perhaps be able to give us some further thoughts.

The first question is simply "Who was E. M. Jellinek?" Amazingly, the answer to that query remains obscure. Jellinek has been described as a biostatistician, but his understanding of statistical inference was limited, on the evidence of his published research (Jellinek, 1952). He held no medical or psychological qualifications, and *The Disease Concept* suggests that he was not well versed in issues relating to psychiatric taxonomy. At the same time, Jellinek's professional influence and the personal impact of his warmth and enthusiasm, are beyond doubt – we all stand in his debt.

Secondly, there is a question to be explored in relation to the historical antecedents of Jellinek's ideas. There is little in *The Disease Concept* which is not to be found in 19th-century authorities. Anyone who has, for instance, read Kerr (1888) or Crothers (1893) is likely to find in Jellinek a sense of *déjà vu*. Alcoholism was as much a 'disease' to those earlier writers as to Yale in the 1960s, and Kerr and Crothers had their typologies. Furthermore, and just as with Jellinek, the 19th-century activists confused 'disease' as a campaigning slogan, with disease as scientific formulation.

Thirdly, one might question whether Dr Hore is right in suggesting that the dependence syndrome (Edwards & Gross, 1976) "incorporates" Jellinek's views. It would, of course, have been impossible to write anything on alcoholism in the 1970s without an awareness of Jellinek, but those who put forward the syndrome formulation were also influenced by many other currents in the flow of contemporary science – learning theory formulations for instance (Edwards, 1986), and the epidemiological research which pointed to the shifting and multifarious nature of drinking problems within the community (Room,

1977). To suggest that the dependence syndrome was the disease concept reincarnate would be ahistorical.

On a more minor note, one might wish to correct the record as to the year of the *British Journal of Addiction*'s first publication under one of its several earlier titles – 1884, not 1892.

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Depression and the menopause

SIR: Neither the letter from Studd *et al* (*Journal*, 1990, 157, 931–932), nor the original review paper by Ballinger (*Journal*, 1990, 156, 773–787) considers another important aspect of depression and hormone replacement therapy (HRT), namely progesterone-induced depression.

The majority of menopausal women have intact uteri and so require additional treatment with progesterone to protect against putative endometrial cancer. Progesterone-induced depression is a well recognised complication of such treatment (Holst *et al*, 1989). The symptoms may be severe, including suicidal ideation, and specific antidepressant drugs then become necessary.

Gath & Iles (1990) have made a distinction between "depressed mood" and "depressive disorder" suggesting that the former will respond to oestrogen replacement but not the latter. They further state that, "if the diagnosis is depressive disorder the primary treatment is not oestrogen but standard psychiatric treatment, whether pharmacological or psychological, or both". Dr Ballinger's review refers to the treatment of "depressive illnesses" and so perhaps the argument should be confined to the illness rather than the emotion.