

Correspondence

THE BEARING OF TREATMENT ON THE CLASSIFICATION OF THE AFFECTIVE DISORDERS

DEAR SIR,

In the September, 1970, issue of the *Journal* Drs. Roth, Kerr *et al.* examined 154 patients suffering from depression. They then observed the patients' response to ECT, tricyclic antidepressants, MAOIs, or sedatives and tranquillizers.

They also noted that 16 patients died in the follow-up period.

In the article they did not say how far this response followed ECT, tricyclic antidepressants, MAOIs, or sedatives and tranquillizers. I would be grateful if this could be made clear.

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DEAR SIR,

In reply to Dr. T. O. Clark's letter we would like to make two comments.

Our survey was not confined to depressive states, but included patients suffering from both depressive illnesses and anxiety states, one of the main aims of the project being to examine the relationship between them.

Of the sixteen deaths, twelve were due to physical illness (Kerr *et al.*, 1969) and four patients committed suicide. In no case was psychiatric treatment considered to contribute directly to the fatal outcome.

CLAIR GURNEY,
MARTIN ROTH,
T. A. KERR,
KURT SCHAPIRA.

REFERENCES

- KERR, T. A., SCHAPIRA, H., and ROTH, M. (1969). 'The relationship between premature death and affective disorder.' *Brit. J. Psychiat.*, 115, 1277-82.

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PERCEPTION OF HIDDEN FIGURES BY NEUROTIC AND SCHIZOPHRENIC PATIENTS

DEAR SIR,

I wish to thank Dr. Romney for his letter in the July issue of the *Journal* (p. 125), drawing the attention of Mr. Hutt and myself to the work he has done using the Gottschaldt Figures. Of the two references quoted I had read the published article, but not, understandably I think, the unpublished work. However, I must object to the tendentious statement, at the end of the letter, that the published article (1) confirmed that the Gottschaldt Figures Test is 'an almost pure measure of general intelligence'. A reader who is not in a position to evaluate inferences from factor-analytic studies would surely take this to mean that the Gottschaldt is of no more interest, in the study of schizophrenic thinking, than any intelligence test, which is certainly not true, as our article (2) showed. The notion of a 'pure measure of intelligence' has no meaning in an absolute sense (after all 'intelligence' is just a way of referring to the convenient fact that skills tend to be positively correlated), and in the context of Dr. Romney's study it only means that in that study the Gottschaldt was correlated with the intelligence tests and not systematically correlated with the other measures. This, of course, is simply a reflection of what measures were used, and different 'factors' would have appeared if different tests had been included.

We certainly found a substantial correlation between the Gottschaldt and our intelligence measure in our non-psychotic group, but the whole point of the article was that this correlation did not appear in the schizophrenics, who were much worse than the other group on the Gottschaldt while scoring at the same level on the intelligence measure. Dr. Romney's finding, in the unpublished work (3), that the difference between neurotics and schizophrenics on the Gottschaldt disappeared when intelligence was partialled out, is therefore factually at variance with our findings. This is presumably because of the difference in the subjects used, ours being all acutely ill schizophrenics.

The main point of interest of our article, which may not have come across clearly in its abstract form, was that acute schizophrenics, whatever their