criminals. (We could still, as laymen, criticize them on humanitarian or political grounds, but not as doctors on medical grounds.) There would also be no answer to Szasz's thesis, other than the general social argument that madness is undesirable and that doctors are better equipped to deal with it than other people. Perhaps none of these things worry Professor Jenner; but they worry me.

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PARENTS OF BATTERED CHILDREN

DEAR SIR,

The well-disciplined study by Selwyn Smith and Ruth Hanson (*Journal*, December 1975, **127**, pp 513–25) shows some important statistical differences between the child-rearing behaviour of battering parents as compared with controls.

There are two unrecognized tendencies which both work towards submerging the observed differences between abusive parents and controls.

1. Battering parents *attenuate* accounts of accustomed rearing practices and battering incidents, whether or not they give direct admissions of guilt.

Such parents have responded to subtle cues which betray the attitudes of others. Unlike the 'control' parents, they have had a lifelong experience of doing just this, having themselves usually been victims in childhood. Subsequent accounts either of the battering incidents or of rearing practices are modified accordingly. 'I couldn't stand his crying, and shook him until he went limp' may be the culmination of incompetent rearing, or using the baby as an emotional prop for an inadequate mother, rather than a single incident.

2. Battering parents have an inaccurate or no yardstick of normality. Thus, an item such as 'Severe in training methods', or 'obedience demanded', or 'allows to cry unless something obviously wrong', will mean something quite different to an abusive parent from what the same phrase would mean to a control parent. The same applies to the 'frequent use of smacking . . . withholds love . . . rarely deprives, rarely praises', etc.

Without these two tendencies Smith's and Hanson's findings would have been even more significant, and further items of marginal significance might have been shown to have been important.

No one will now be able to take refuge in anodyne beliefs such as, on the one hand, 'Any parent is a potential batterer', or on the other 'People who batter children must be mental'. The reality is more complex.

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DIURNAL VARIATION AND ENDOGENOUS COMPONENT OF DEPRESSION

DEAR SIR,

We wish to report a research in which we examined the classical psychiatric opinion that endogenous depressives tend to improve towards evening. The limited research upon this concept has not established it as a fact (Kiloh and Garside, 1963; Rosenthal and Klerman, 1966; Stallone *et al*, 1973). In our research we employed well constructed scales for assessing both variables.

Subjects were 20 heterogenous depressives not suspected of being schizophrenic, mentally retarded, or organic. The Depression Category-Type Scale (DCTS) of Sandifer *et al* (1966) was used for determining the degree to which depression was endogenous. The Diurnal Variation Rating Scale (DVRS) was used for what its name implies.

The DCTS product-moment correlation for the 13 patients interviewed the day of admission by both H.K. and A.E. was ·87; that for the 17 interviewed by both H.K. and D.T. ·80; that for the 16 interviewed by both A.E. and D.T. ·87 (all $ps < ·01$). The DCTS mean of the two or three interviewers was used for each of the 20 patients. The DVRS, for which clinical impression is praccally nil, was administered at 5 pm on the next three consecutive days. The correlation between first and second DVRS score is ·82; that between first and third ·72; that between second and third ·79 (all $ps < -·01$). Mean DVRS score for the three days was used.

The correlation between DCTS (upon which a higher score indicates a greater endogenous component) and DVRS (upon which a higher score indicates improvement towards evening) is −·01 (NS). However, this does not necessarily imply that a relationship between the two variables never exists. The period in the course of a depression could be relevant, as suggested by Waldman (1972), who maintained that diurnal variation ceases at the depth of endogenous depression and reappears as it improves. DVRS scores indicated improvement as the day progressed for 17 of our 20 patients. This is