

reliability between the two authors is high. Reliability with other interviewers has not been tested. The differences between the NS and DS groups shown in Table V were present and have therefore been included in our report of the results. We felt it necessary to make it clear that the differential between these groups is bound to be less than perfect when it relies upon clinical descriptions made before the criteria on which the differential is based had been devised. We are happy to inform Dr Watt that it was feasible to arrange for an independent examiner to assess the neurological status of the subjects. Before the project was begun DGCO attended Professor C. D. Marsden's neurological clinics at the Maudsley Hospital in order to perfect a standardized examination technique, and Professor Marsden came to Shenley Hospital and independently examined some of the patients in the series. There were no major discrepancies between his assessments and those of DGCO. While a control series may have been desirable, we were unable to think of any group who would resemble such chronic schizophrenic in-patients sufficiently closely for any degree of blindness to be maintained.

We are sorry that Dr Cheng and Dr Cristoveanu think that our statement regarding the relative intractability of the deficits is unjustified. We thought that we had made it clear that this was not a statement of fact but rather one of opinion which we fully appreciate others may not share. All of the patients in the study have participated in a full rehabilitation programme, as this is part of the policy of the hospital. This study was not designed to assess the benefits of rehabilitation and makes no attempt to do so. The patients in the survey represent that part of the schizophrenic population for whom all therapeutic measures have been of limited avail. Our earlier paper (Johnstone *et al* (1979) to which Dr Cheng and Dr Cristoveanu refer concerns patients

with acute illnesses which with one exception responded sufficiently well to treatment for discharge to be possible. The findings of the two studies are therefore not comparable.

EVE C. JOHNSTONE  
D. G. C. OWENS

*Clinical Research Centre,  
Division of Psychiatry,  
Watford Road,  
Harrow, Middlesex HA1 3UJ*

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The outcome of severe acute schizophrenic illnesses after one year. *British Journal of Psychiatry*, 134, 28-33.

#### SERUM IMMUNOGLOBULINS IN DEMENTIA

DEAR SIR,

In this *Journal*, January 1980, 136, 33-45, Cohen and Eisdorfer describe their findings that serum immunoglobulin levels were significantly raised in cognitively impaired elderly patients. We have studied eight patients (two males and 6 females; mean age 76 years) with senile dementia.

An extensive serum auto-antibody profile and series of thyroid and liver function tests give normal results except that serum antibody to thyroglobulin was detected in one patient and antinuclear factor in two. The serum IgG concentrations were slightly raised in only one patient, but the mean IgG, IgM and IgA concentrations were all within normal limits, so we found no indication of immune or autoimmune disturbances in senile dementia.

SIBIR K. MAJUMDAR  
PRAVIN P. KAKAD

*Bexley Hospital,  
Old Bexley Lane,  
Bexley, Kent DA5 2BW*