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# *Correspondence*

***Correspondents should note that space is limited and shorter letters have a greater chance of publication. The Editors reserve the right to cut letters and also to eliminate multitudinous references. Please try to be concise, strictly relevant and interesting to the reader.***

## STUDY OF CLINICAL JUDGMENT IN DEPRESSION

DEAR SIR,

We would like to comment briefly on Dr Wheatley's letter (*Journal*, September, 1981, **138**, 257) about our paper (*Journal*, February, 1981, **138**, 100–109), the subject of which, however, was not inter-rater reliability but clinical judgment.

Our method of reducing the Hamilton Depression Rating Scale (HDRS) from its original 21 (not 18) items was described there in detail, as were the answers to his other points. We used the scale, as the summary and the paper itself make clear, in the way Hamilton intended: namely, for recording the severity of symptoms of depression and not, as Dr Wheatley implies, as a diagnostic instrument (Hamilton, 1960; 1967). Our reasons for using numerical values representing hypothetical patients (not "written descriptions of mythical patients"), and the reasons why video-taping, as recommended by Dr Wheatley, was not suitable for our purpose are also given in the paper.

To study the reasons for individual differences in the judgment process, prior differences in observation must be eliminated or reduced to the minimum. This step is essential but is seldom if ever adequately achieved in studies of inter-rater reliability, although practice, or 'training', usually increases it. However, the increase may arise for spurious reasons, such as high item inter-correlation (for example, different forms of expression of psycho-somatic anxiety are often highly correlated and add little additional information). It is not the attainment of high levels of statistical significance that is of importance, but the extent of agreement that is reached (measured by R, the correlation coefficient and not by P, the probability of such a value having been obtained by chance) as well as, even more, the understanding of exactly what it is that has been agreed. These in turn help to maintain agreement subsequently (a point that is also frequently neglected). The method that we use enables one to increase agreement, understanding and the maintenance of both. All three are highly important in multicentre (or multi-investigator) trials.

We are glad that Dr Wheatley's interest in our work has given us an opportunity to underline these points.

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## HYPNOSIS

DEAR SIR,

Hypnosis continues to take a back seat in medicine. This case report demonstrates a feature of hypnosis that does not receive much attention, namely pragmatism.

A thirty-six year-old Mauritian lady presented late one night to a busy casualty department of a North London hospital. She had been brought by an uncle who gave the story that she had suddenly developed a severe headache seven hours previously. After one hour the patient had vomited and lost consciousness for a period of ten seconds. There were no epileptiform manifestations. The patient returned quickly to full consciousness after this incident and reported that she was totally blind.

Systematic examination revealed no abnormalities. An initial diagnosis of basilar artery occlusion was made. The differential diagnosis included hysterical amaurosis, and a visual evoked response test was