This testifies to the robustness of the main Anglo–Canadian findings.

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The importance of severity as a factor in post-traumatic stress disorder

SIR: There are several points that we would like to raise about the recent single case report by Spector & Huthwaite (*Journal*, July 1993, **163,** 106–108), on the treatment of Y, a patient reported to have post-traumatic stress disorder (PTSD) following a road traffic accident. We do not feel there is sufficient evidence in the report that the subject's experience fulfils the part of the DSM–III–R criteria A, of being outside the range of normal human experience. There is no mention of the subject thinking that her life was in danger, or that she witnessed any horrific scenes. Without such information we are not convinced that this case satisfies this criteria for a diagnosis of PTSD although it clearly is an experience which would be markedly distressing to most people.

Secondly, PTSD is a condition which presents with a wide spectrum of severity and this can be overlooked when employing a categorical diagnosis which can depend on the presence or absence of a single symptom. Neither DSM–III–R or ICD–10 enables one to measure symptom intensity on a continuous scale. The severity of Y's PTSD is not considered in the article and we believe that this variable is vital in assessing treatment efficacy.

One research tool developed by the National Centre for PTSD, USA, which has been incorporated in validation studies and outcome research by the PTSD Unit at RAF Wroughton (Neal *et al*, 1993), is the Clinician-Administered PTSD Scale-1 (CAPS-1; Blake *et al*, 1990). This is based on DSM–III–R criteria but in addition has an intensity scale assessing severity. We would suggest that clinicians involved in PTSD research consider the use of an instrument using both dichotomous and continuous scales. A revised computerised version of the CAPS-1 has been developed and validated at RAF Wroughton.

There is a need for well designed controlled studies into the treatment of this common and disabling condition. In our experience at the PTSD Units at RAF Hospital Wroughton and RN Hospital Haslar, even non-specific interventions, such as a simple psychiatric assessment, can result in a marked clinical improvement. Such an improvement could be misattributed to treatment methods in case reports or research studies where this is not considered.

BLAKE, D. D., WEATHERS, F. W., NAGY, L. M., *et al* (1990) A clinician rating scale for assessing current and lifetime PTSD: the CAPS-1. *The Behaviour Therapist*, **13,** 187–188.
NEAL, L. A., BUSSUTTIL, W., HEREPATH, R., *et al* (1993) Convergent validity of measures of PTSD in a mixed military & civilian population. *International Journal of Traumatic Stress* (in press).

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Right hemisphere damage v. dysfunction in Tourette's syndrome

SIR: "Diagnosing a cerebral dysfunction on the sole basis of neuropsychological test results" is a questionable clinical method as Lanser *et al* point out in their report of absence of right hemispheric dysfunction in Tourette's syndrome (*Journal*, July 1993, **163,** 116–118). They criticise previous reports interpreting Tourette's syndrome (TS) patient's poor performance on visual-perceptual tasks as suggestive of right hemispheric involvement in the pathogenesis of TS. To support their point, they report a neuropsychological comparison of individuals with TS and with "proven lesions of the right hemisphere (RH dysfunction)". Their "unexpected results" indicate that 7 to 16 children with "RH dysfunction" do not show any disturbance in right hemisphere functions (as assessed by their battery), and all of the children with TS perform "free from any neuropsychological signs or organic impairment". Since there are not many significant differences between the groups, they claim that this absence of difference should not lead us to identify TS as a RH dysfunction. However, there are many caveats which they do not discuss in the text.

Firstly, comparing two clinical groups in the absence of a normal control group is not "fair". Since there is not a one-to-one correspondence between