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Correspondence

Letters for publication in the Correspondence columns should be addressed to:
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STATISTICS IN THE JOURNAL

DEAR SIR,

Alas! Every issue of your journal becomes harder to read, as research articles become more and more studded with numbers. Statistics is a valuable science but seems to be infiltrating every paragraph of medical text these days. May I make some suggestions to assist authors to pass on information in a memorable manner?

First let us agree to a simple method of reporting significance. I suggest the following:

'Significant' improvement (or difference)—means $p < \cdot 01$ (i.e. the chance of a fluke result is remote).

'Fairly significant' improvement—means $\cdot 05 > p > \cdot 01$.

This is neater and may help to avoid the trap of equating high significance with therapeutic importance.

Second, perhaps we could avoid the continental habit of unnecessary precision. To mention '8 out of 22 patients (36·4 per cent)' is absurd when the 0·4 per cent represents a small portion of one patient, less than one leg in fact! Why not omit the head count and say '35 per cent of patients'? Being so much simpler it allows readers to concentrate on the psychiatric findings without distraction, and facilitates quick comparisons.

Of course the full figures must be available for research and reference purposes, but these can profitably be confined to the tables. The less critical or more hurried reader can then assimilate the essential information from the text, quickly and in greater comfort.

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[Dr. Carr is perfectly right. We hope contributors will adopt these very sensible suggestions.—EDS.]

THE SCHIZOPHRENIAS AS NERVOUS TYPES

DEAR SIR,

Dr. Claridge (*Journal*, July 1972, pp. 1–17) rejects the traditional view of the schizophrenias as qualitatively distinct diseases, and suggests that they represent in an exaggerated form cognitive and personality characteristics found distributed among the general population.

The fact that certain characteristics, e.g. height or I.Q., are distributed among the general population does not preclude there being entities related to an exaggerated form of these characteristics, such as dwarfism and mongolism.

We have been taught that schizophrenia, unlike dementia, is a disintegration of personality without equivalent intellectual and cognitive deterioration, and that disturbance of attention (clouding of consciousness) is characteristic of delirious and confusional states, including the effect of LSD.

If we are to accept Dr. Claridge's suggestions that there is a qualitative disturbance of arousal and attention in schizophrenia, ought he not to include dementias, confusional and delirious states in his definition?

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DEAR SIR,

In reading Dr. Claridge's 'The Schizophrenias as Nervous Types', given pride of place in your issue of July 1972, my thoughts returned to the days of my youth when I first made the acquaintance of Pavlov's great works on the nervous system. It seemed to me then, as it does now, that his purely scientific discoveries of the positive and negative conditioned reflexes, and the complex dynamic processes governing their action physiologically and patho-physiologically which he elucidated, must provide the key to the mysteries of neurotic and psychotic illness.

It seems that I was mistaken, however, judging by the efforts expended on developing Pavlov's speculations on so-called typology both in the West and in the U.S.S.R. In what other branch of science would the speculations of a great scientist be given such prominence and attention to the detriment of his scientific discoveries?

My own humble contributions to a causal theory of psychiatric states, using Pavlov's basic scientific work

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