

we suffer from and are indebted to their courage, enthusiasm and initiative, among other things; perhaps, even, their living and dying. They were subject to ordinary human emotions, and, like all pioneers, they made many mistakes, some of them with serious and even tragic consequences.

We don't have to forgive them, and we cannot repay them. But it behoves all of us who work in the field of mental health, in psychiatry or psychotherapy, in any form whatever, to seek to recognize, acknowledge and wherever possible put right or modify the mistakes *we* are making now—in other words *to know and take responsibility for whatever we are doing, both good and ill*. This is one of the basic tenets of psycho-analysis itself. It is sad that Dr. Schmeideberg has apparently now jettisoned it altogether.

It would be an impertinence to offer this comment to Dr. Schmeideberg herself, but there may be some among your readers who might care to consider it.

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THE CLASSIFICATION OF DEPRESSIVE ILLNESS

DEAR SIR,

I hope you will permit me to make a brief comment on the almost perennial topic of the classification of depression, and in particular on the distinction between the categorical and dimensional systems which has been so cogently argued by Professor Eysenck (*Journal*, September, 1970, pp. 241–51). I wish to make a point which is often overlooked by those who seek to defend or refute the existence of this or that 'disease entity'. There is, in fact, no uniformly satisfactory medical diagnostic system based upon categorical entities, such as Professor Eysenck implies, though fragments of many such systems survive because of their practical value. Disease entities are convenient abstractions, not independent and mutually exclusive states. While aetiology, pathology, treatment and prognosis tend to intercorrelate in such entities, there are few conditions where these different aspects of diagnosis have a correlation coefficient of unity. Professor Hamilton (*Journal*, September, 1970, p. 348) illustrates this by reference to paratyphoid, and thereby provides an additional argument in support of his comment that 'the categorical and dimensional models are therefore not as different as Professor Eysenck suggests'.

Whether a categorical or a dimensional system is used will depend partly on the purpose of the classification, as well as on the presence or absence

of meaningful discontinuities in the data, yet the criteria for determining the presence of a diagnostic entity are rarely made explicit. While making some concession to the dimensional approach by reference to the 'relative preponderance' of different symptoms, Gurney *et al.* (*Journal*, September, 1970, pp. 251–5), in their paper on the treatment of affective disorders, demonstrate the advantages of superimposing on their data a categorical model. It would be difficult to express their conclusions so concisely without using diagnostic entities. However, as Hughlings Jackson wrote in 1874, 'All classifications in all sciences make distinctions more exact and abrupt than any that exist in nature'.

The type of diagnostic classification used will thus depend in part upon its function. Teachers, nurses, drug firms and the Registrar General will continue to use a categorical disease entity classification because of its practical simplicity, whereas those concerned with research and with individual patient management may favour a dimensional approach because of its greater sophistication and flexibility. Both models are but a pale reflection of 'the majesty of all governing nature'.

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REFERENCE

- JACKSON, J. HUGHLINGS (1874). 'On epilepsy and epileptiform convulsions.' In *Selected Writings of John Hughlings Jackson*, Ed. by J. Taylor, Vol. 1 p. 202. London: Staples Press.

COGNITIVE TESTS IN THE DIAGNOSIS OF DEMENTIA

DEAR SIR,

I would like to draw your attention to an omission in the paper, 'The Validity of Some Cognitive Tests in the Diagnosis of Dementia' (*Journal*, August, 1970, pp. 149–56).

The omission is on page 155 in describing the Orientation Test. Item 12 was not included in the manuscript. This item reads, 'How long have you been in hospital?' (score one point if patient knows he is in his first, second or third week).

I apologize for this omission.

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