

play football locally are inadequate. It is the same for almost every other activity and interest that human beings are involved in.

To use the Eysenck Personality Inventory N scale and a modified California Q sort as the only assessments of personality is to miss most of the features of personality which distinguish those who cope well with life from those who do not. Unfortunately clinical assessments by experienced assessors do not produce information which can be easily dealt with statistically. This difficulty should not prevent us from viewing the interplay of personal and social factors realistically.

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CUSHING'S SYNDROME

DEAR SIR,

Dr Cohen's conclusion (*Journal*, February 1980, 133, 120-24) is not justified. He writes "since the depressive symptoms are removed by removal of the adrenal glands, a substance produced by the adrenals must be responsible for them". But other major changes occur, including the psychological one that the patient is finally given the certain cure of his long distressing illness. Moreover, the patients do not all recover promptly: "twelve had bilateral adrenalectomy: in some of these the psychiatric symptoms began to abate within a few days, usually within a few weeks, but in some it was as long as a year before they had cleared completely". The factors must include hormones, possibly susceptibility to affective disorders as mentioned by the author, and how the situation seems to the patient.

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DEAR SIR,

Dr Cohen (*Journal*, 1980, 136, 120-24) has presented an informative account of the psychiatric concomitants of Cushing's syndrome. However, his conclusions outreach his data on the question of the association between depression in patients with adrenal hyperplasia as opposed to those with tumours. He states categorically that if there are no psychiatric symptoms in a patient with Cushing's syndrome there is a three in four chance that they have a tumour. This is open to challenge on two counts. Firstly, it is not certain from Dr Cohen's account whether all of

his psychiatric diagnoses were made blind to the results of endocrine investigation and surgery. Even the most careful and scrupulous investigator is not immune from observer bias and studies with a small sample size are particularly vulnerable to producing spurious results from this source. Secondly, the contingency table of patients with/without psychiatric symptoms X with/without tumour, contains two cells where the expected frequency is below five. Hence it is inappropriate to use the chi square test as he has done (Siegal, 1956). Re-analysing the table using Fisher's exact test gives a probability of obtaining these or more extreme results, of 0.0524 and therefore just fails to attain the conventional level of statistical significance.

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Reference

STEGEL, S. (1956) *Non-Parametric Statistics for the Behavioural Sciences*. Tokyo: McGraw Hill, Kogakusha Ltd.

MEDITATION

DEAR SIR,

Attempting to isolate transcendental meditation or any other form of meditation from its proper setting is to produce an artificial situation (see Review Article by M. West (*Journal*, November 1979, 135, 457-67)). One should note that meditation is to be practised in the context of a way of life extending far beyond the bounds of the 'sitting' period. Wherever it is practised there is likely to be some effect, whether attributable to placebo effect, relaxation or something else. What is important is to be wary of the effects, especially when meditating in isolation; in fact meditation alone is not likely to achieve very much, but it can lead to immense changes and it is the nature of such change with which we should be concerned. On the one hand it may be generally welcome, but on the other it could be catastrophic.

We in the West know next to nothing of meditation and related practices, and we are not likely to change this, except in a sadly naive way, by our objective attitudes. Our modern western mind is tuned in to a different wavelength from that of those who properly practise meditation. If we are seriously interested we should be prepared to undergo considerable changes ourselves which perhaps means leaving the security of the 'scientific-cum-logical' approach, with all its tenacious cultural accretions, if only for a while, as does the anthropologist who ventures out to live in a situation quite new to him. Meditation comes from