Brit. J. Psychiat. (1967), 113, 1153–1158

Correspondence

PROGRAMMED LEARNING FOR THE D.P.M.

DEAR SIR,

Helping registrars to prepare for Part I of the D.P.M. is often found to be difficult in mental hospitals a long way from centres where there are formal courses in neuro-anatomy, neuro-physiology, psychology and statistics. Learning theory has provided a novel method of writing text books on these subjects which some people find easier to use than the customary ones.

The following is a list of programmed books which have been tried at this hospital and found to be of value. I would like to hear from others who have used these or similar books.

1. Human Behaviour, L. F. Malpass (Editor), McGraw-Hill, 1965, 40s. soft cover, 60s. hard cover.

This book covers scientific method in the behavioural sciences, conditioning, development in childhood adolescence and adulthood and personality structure. The point of view is sometimes behavioural but particularly in the developmental and personality sections is psychoanalytical and American culture-bound. A final chapter deals with the philosophical questions involved in the mind-body relationship. The book's main drawback is attempting to cover too much ground too simply, and it tends to be boring.

2. The Analysis of Behaviour—A Program for Self Instruction. Holland and Skinner. Harvard University. 36s. soft cover, 48s. hard cover.

An excellent book but rather one sided in its point of view.

3. Neuro-anatomy, Sidman, R. L. and M. Churchill. 82s. 6d. Vol. I (only volume published so far).

An excellent book giving a comprehensive and simple account of what is usually found to be the most difficult subject to study. The programming approach gives a really new method of learning.

4. Introduction to Genetics. Kormondy. McGraw-Hill. 32s. soft cover, 48s. hard cover.

The aspects covered are cell reproduction, mendelian genetics, sex determination, linkage, chromosome mapping, complex inheritance patterns, morphology and physiology of genes, cytoplasmic inheritance and population genetics.

This excellent book presents the facts in a more easily assimilated fashion than the conventional text book. In some sections it is probably too advanced for the Part I student, but the basic part is entirely suitable.

5. Statistical Concepts. McCullough and van Atta. 32s. soft cover, 48s. hard cover.

This book deals with the parametric and non-parametric tests used in the behavioural sciences, but it attempts in a more successful way than the conventional text books to give statistical understanding to the user. In doing this it presents the subject with outstanding clarity.

6. Teaching Machines and Programmed Learning. Fry. McGraw-Hill. 52s. hard cover.

This is a general account of the principles of programmed learning and the variety of techniques available. It also discusses how to construct a programme and how to evaluate the effectiveness of these methods.

Information about programmed texts can be obtained from the Association for Programmed Learning, 27 Tavistock Square, London, W.C.1.

There is also the 'Rochester Clearing House for Information on Self-Instruction in Medical Education', co-ordinator U. P. Lysaght, 260 Crittenden Boulevard, Rochester, N.Y. 14620, which will supply information on the subject.

B. M. BARRACLOUGH.

M.R.C. Clinical Psychiatry Research Unit,
Graylingwell Hospital,
Chichester, Sussex.

THE INDEPENDENCE OF NEUROTIC AND ENDOGENOUS DEPRESSION

DEAR SIR,

I should like to make the following comments on the paper under this title by McConaghy *et al.* (*Journal*, May, 1967, p. 479):

1. *The Selection of Patients*

The authors assume that the private patients constituting their material do not differ from the N.H.S. patients of the Kiloh and Garside (1963) study. This assumption is quite unwarranted for two good reasons: (*a*) the two studies were undertaken in

different cultures on opposite sides of the world; (*b*) it is already well established that in the United States public and private psychiatric patients differ radically both in the diagnosis awarded and the method of disposal (Hollingshead and Redlich, 1954). In the Blackpool and Fylde area a survey of representative samples of all psychiatric patients, private and N.H.S., is under way, and although final results have yet to be extracted impressions of certain differences between private and N.H.S. patients are beginning to appear. These are as follows:

(*i*) The private patients tend to have higher social status.

(*ii*) Private patients tend to be more "neurotic", hysterical and importunate. They are much less co-operative in the Survey despite tactful interviewing and repeated assurances that their confidence will be preserved, perhaps because they wish to "buy" a privileged position for their illness.

(*iii*) The local General Practitioners have a very low opinion of private treatment as compared with other channels of psychiatric disposal. They ranked it in usefulness below the three N.H.S. Hospitals, the N.H.S. Out-Patient Department and the N.H.S. Day Hospital locally available. It seems reasonable to suppose that this bias would be reflected in the sort of patient referred for private treatment.

2. *Interviewer Bias*

The authors rightly point out that symptom clusters elicited by factor analysis may to a large extent reflect the nosological preconceptions of the interviewers. However, all clinicians suffer from this defect and the only possible way of finally eliminating it would be to eliminate clinicians from these studies!

3. *Response to Amitriptyline*

The authors considered that a significant response to a tricyclic antidepressant confirmed that the patients had been depressed. This does not necessarily follow, as tricyclic compounds have been shown to have anti-anxiety effects (Carney and Maxwell, 1967).

4. *Double-Blind Studies*

The authors criticize two recent follow-up studies of E.C.T. response, including that of Carney, Roth and Garside, 1965, because they were not double-blind. It must be emphasized that in the latter study the investigators did not make the diagnosis; this was done by obtaining a consensus of opinion from the clinicians in charge of the case; further, because this objection was foreseen, the criteria selected for assessing degrees of recovery were made as objective as possible and depended upon the presence or absence of social recovery as judged by return to work, normal social relationships and premorbid hobbies and interests.

This is apart from any criticism of the statistical methods used by the authors.

M. W. P. Carney.

382 Clifton Drive, North,
St. Annes-on-Sea, Lancashire.

References

Carney, M. W. P., and Maxwell, C. (1967). In press.
—— Roth, M., and Garside, R. F. (1965). "The diagnosis of depressive syndromes and the prediction of E.C.T. response." *Brit. J. Psychiat.*, **111**, 659–674.
Hollingshead, A. B., and Redlich, F. C. (1954). "Schizophrenia and social structure." *Amer. J. Psychiat.*, **110**, 695–701.
Kiloh, L. G., and Garside, R. F. (1963). "The independence of neurotic and endogenous depression." *Brit. J. Psychiat.*, **109**, 451.

NEUROTIC AND ENDOGENOUS DEPRESSIONS: A SCEPTICAL VIEW

Dear Sir,

In his letter (*Journal*, August, 1967, p. 924) Mr. R. F. Garside makes reference to two recent papers by Dr. Gudeman and myself (Rosenthal and Gudeman, 1967a, 1967b), and to the autonomous pattern and the self-pitying pattern represented by our first two factors. I should like to make clear, however, that we do not feel, as Mr. Garside does, that the entire depressive population can be divided into neurotic and endogenous depression as represented by these patterns. As we stated, the distribution of patients' factor scores indicates normal rather than bimodal distributions, blended pictures are the rule rather than the exception, and patients with high factor scores should be considered not as clear-cut patient groups but as examples of common symptom patterns. Indeed I am afraid that if the population did have the type of simple structure referred to, that is if it was made up of two independent and mutually exclusive entities which could be separated by the study of their symptoms alone, we would not now be using a complicated device such as factor analysis to discover this. The entities would have been considered self-evident, and long since have been accepted.

The difficulty lies both in the attempt to group patients by symptoms alone and in the nature of