

annual incidence of depression in the Canadian study was 2.1 per 1000 for men and 2.5 per 1000 for women. This compared with 2.0 and 5.0 per 1000 in men and 2.7 and 7.0 per 1000 in women in Finland and in Sweden (the Lundby Study), respectively. The ECA study reported an incidence of DSM-III major depression of 11 and 20 per 1000 for men and women, respectively, and the Scottish study found incidence to be 78 per 1000 among women for RDC major depression.

Differences of this magnitude are troubling. I agree with the Finnish investigators when they say that these differences may be influenced by diagnostic criteria and the length of the follow-up period. To these reasons I would add that different styles of interviewing and variant forms of questions may be implicated. Nevertheless, I suggest that the rates from Canada, Finland and Sweden are more reasonable than the higher rates, because they fit better with evidence that psychiatric disorders are often chronic or recurrent and that, under such conditions, incidence is typically low relative to prevalence.

The most compelling reason, however, for doubting the credibility of the higher rates relates to their long-term implications. Suppose that the Scottish and USA rates pertain to a group of women aged 20 who are at risk for a first-ever major depression. By the time they are 35 years old, virtually all of the Scottish cohort would have succumbed to this disorder. Using the not-quite-so high data from the USA, if all women in such a cohort survived to age 70, all would have experienced at least one episode of major depression. If everybody at some time has a 'major depression', is major depression the serious disorder that clinical evidence indicates it is?

- EATON, W. W., KRAMER, M., ANTHONY, J. C., *et al* (1989) The incidence of specific DIS/DSM-III mental disorders: data from the NIMH Epidemiologic Catchment Area Program. *Acta Psychiatrica Scandinavica*, **79**, 163-178.
- HAGNELL, O., ESSEN-MÖLLER, E., LANKE, J., *et al* (1990) *The incidence of mental illness over a quarter of a century*. Stockholm, Sweden: Almqvist & Wiksell.
- LEHTINEN, V., VEIJOLA, J., LINDHOLM, T., *et al* (1996) Incidence of mental disorders in the Finnish UKKI Study. *British Journal of Psychiatry*, **168**, 672-678.
- MURPHY, J. M., OLIVIER, D. C., MONSON, R. R., *et al* (1988) Incidence of depression and anxiety: the Stirling County Study. *American Journal of Public Health*, **78**, 534-540.
- SURTEES, P. G., SASHIDHARAN, S. P. & DEAN, C. (1986) Affective disorder amongst women in the general population: a longitudinal study. *British Journal of Psychiatry*, **148**, 176-186.

J. M. MURPHY

*Department of Psychiatry
Harvard Medical School
Boston, MA 02114-2698*

Women and psychiatry

SIR: Crimlisk & Welch (1996) discuss interesting data concerning women as psychiatrists and gender differences in aptitude for psychiatry among medical students. The latter topic has also been recently reviewed by Eagles (1996). However, their interpretation of the Royal College of Psychiatrists census material may not be entirely correct. The absence of a gradient in the proportion of women in the various training grades does not rule out a cohort effect as an explanation of the relative dearth of female consultants. A breakdown of the proportion of women in the consultant grade at various seniority levels would be needed to prove or disprove this. Unfortunately, the census does not yet obtain this detail but some information from other sources indicates that women are relatively over-represented in the earlier years of consultant status. Ideally, prospective studies of the current trainee cohort would be needed to assess the relative success rate of men and women in moving to the consultant grade.

This does not detract from the value of the suggestions made by Crimlisk & Welch and by Eagles that flexibility of working patterns should be maximised in the training grades and in career posts to enable all doctors, particularly those with domestic commitments, to pursue their chosen career path. Encouragingly, recent meetings between representatives of the College and the Department of Health have established a considerable measure of agreement on the desirability of such flexibility and a commitment towards finding methods of achieving it.

CRIMLISK, H. & WELCH, S. (1996) Women and psychiatry. *British Journal of Psychiatry*, **169**, 6-9.

EAGLES, J. M. (1996) Gender differences in attitudes and recruitment into psychiatry. *Psychological Reports*, **78**, 653-654.

D. STORER

*The General Infirmary at Leeds
Great George Street
Leeds LS1 3EX*

SIR: We read with interest the editorial by Crimlisk & Welch (1996). We wish to broaden the scope of their review by focusing firstly, on the influences of gender on psychotropic drug use and secondly, on drug metabolism. Yonkers *et al* (1992) have reviewed the theoretical background and the evidence supporting gender-related differences in pharmacokinetic and pharmacodynamic properties of psychotropic medication. Their findings suggest that young women seem to respond better to and