DEAR SIR,

I am grateful for Dr. Norman Kreitman's thoughtful comments on our paper ("Familial Aspects of Neuroticism and Extraversion" by Coppen, Cowie and Slater). When we discussed, in the paper, the implications of our findings we thought it important to base our observations on statistics that were significant at the generally accepted levels. For this reason we did not think any conclusions could be drawn from the slightly different prevalence rates of mental illness in the relatives of patients as the groups concerned were so small; for example although 17 per cent. of the mothers of neurotic males had had a mental illness this in fact represents only 9 subjects. For the same reason we did not draw conclusions from small differences in correlation coefficients unless they were significant at levels less than 5 per cent. However, what did seem to emerge very clearly was that the mother of a male neurotic consistently and significantly showed positive correlations with her children both for N and E, whereas the mother of a female neurotic did not. In some ways, the correlations for E are more significant; as we have recently shown, E scores are more stable and less liable to be altered by changes in clinical state than are N scores (Coppen and Metcalf, "Effects of a depressive illness on M.P.I. scores", to be published in this Journal.)

The hypotheses we put forward were very tentative and we agree that their confirmation or otherwise must depend on more information about these family relationships, both in normal families and in those families in which there are neurotic patients of either sex.

A. J. COPPEN.

BEHAVIOUR THERAPY

DEAR SIR,

An increasing number of publications report the treatment of such disorders as fetishism by the establishment of a conditioned avoidance response or aversion to the fetish. The urge to publish sometimes permits only brief follow-up after treatment. In a description of a twenty-two year old rubber-mackintosh fetishist treated by apomorphine vomiting and a repetitive tape-recording technique, I reported that he still appeared to be cured twenty-one months after treatment (*J. ment. Sci.*, 1962, **108**, 196–212). Since childhood he had had sexual desires strongly linked with women's rubberized mackintoshes, had masturbated regularly while wearing one, and came for treatment because, after marriage, he felt compelled to ask his wife to wear her mackintosh in bed.

Contact with this patient was lost, but recently I encountered him again and it may be of interest to report that fifty-four months after treatment he still regards rubberized mackintoshes with indifference tinged with amusement at his youthful worship of them. His sex life is happy and normal, he and his wife now have two children. His career has prospered so well that he is now a nationally-known figure in a field which cannot here be mentioned on account of possible identification.

It is hoped that other authors will be prompted to report long-term follow-up of cases after similar treatment.

IAN OSWALD.

THE PATIENT'S SPOUSE AND CONCORDANCE ON NEUROTICISM

DEAR SIR,

In his most interesting paper on "The Patient's Spouse" (March 1964, p. 159), Dr. Kreitman reports marked differences between neurotic patients and their spouses on the one hand, and between control subjects and their spouses on the other, for the concordance of scores on the Maudsley Personality Inventory (MPI). We have recently (1960–1961) made a household survey of mental health on a random sample of an urban population, in the course of which we administered the short form of the MPI (1) to some 1,850 adults. This has given us an opportunity to examine our figures in the light of Dr. Kreitman's paper and although our data are not strictly comparable with his, they seem sufficiently so to be worth a brief report.

The figures we present are based on scores of the short MPI, given verbally by interviewers to the husband and wife in 429 families (out of a possible 476) where there was at least one child under the age of 16. A person was recorded as neurotic if he admitted to having had "nervous trouble of any kind" during the previous twelve months and if either he had seen his doctor about it who told him it was "nerves" or it had caused him to cut down his activities for at least one day during the previous fortnight. The proportion of neurotics on this test corresponded closely to that diagnosed by general practitioners in the same sample. Among the 429 couples, there were four with both spouses neurotic, twelve with the husband only, and 48 with the wife only.

We did not record the duration of marriage, but instead have used the wife's age as an index of this duration. Clearly there will be a high correlation between a wife's age and the duration of her marriage;

and a calculation from one of the Registrar General's tables (2), which gives age of mother at birth of a child in relation to the duration of her marriage, yields a correlation coefficient of 0·70.

Our results are shown in the figure, which may be compared with Figure 3 in Dr. Kreitman's paper. A comparison indicates: (*a*) that for extraversion (E) scores there is a broad agreement; (*b*) that for neuroticism (N) scores in which a spouse was neurotic there is agreement in the trend with age, but our correlation coefficients are less positive than Kreitman's and none of them is significant; (*c*) that for N scores in non-neurotic couples, there is disagreement on the variation with time, Kreitman's figures showing a fall in correlation and ours suggesting an increase.

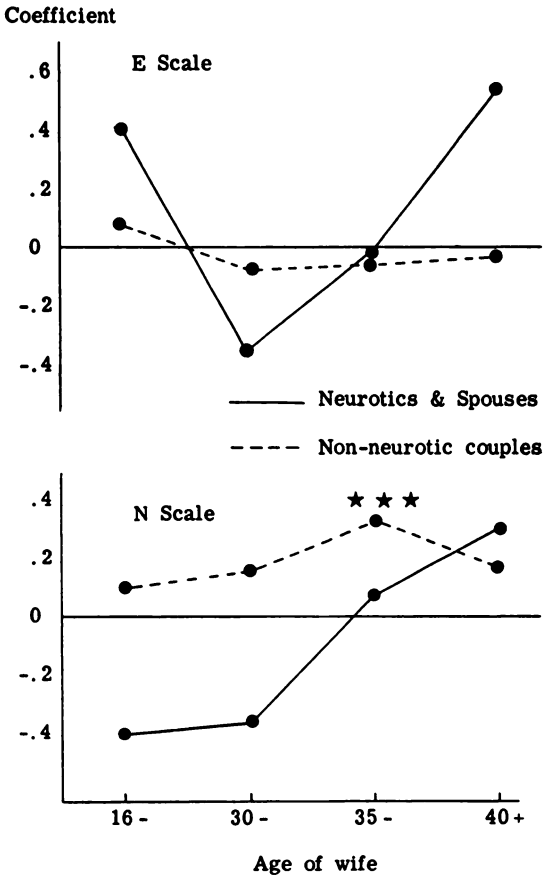

FIG.—Husband - wife correlations on MPI scores by age of wife. No. of couples for neurotics, by increasing age groups = 18, 11, 17, 18; for non-neurotics = 80, 83, 89, 113.
*** = $p < 0.01$.

In considering the possible causes of this difference, it must be noted that Dr. Kreitman's 58 patients and 79 controls were known to be closely matched for various factors. Our groups were not matched but we have shown elsewhere (3) that neurosis was not associated with social class and scarcely with age. The distribution of sex and family size were unequal in our groups but the relevance of these factors to the present issue is uncertain.

With these reservations in mind, our results suggest that the concordance between spouses for N scores increases with increasing age (or duration of marriage) independently of neurosis. A factor in this might be the decrease in mean N score with age, a decrease which in our population was more rapid in females than in males (4). Since this factor occurred equally in single and in married persons, it would be independent of either assortative mating or interaction between spouses.

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1. EYSENCK, H. J. (1958). *J. appl. Psychol.*, **42**, 14.
2. REGISTRAR GENERAL. Statistical Review of England and Wales for the Year 1960, Part 11. London, 1962. Table II, page 160.
3. HARE, E. H., and SHAW, G. K. (1965). Mental Health on a New Housing Estate. Maudsley Monographs No. 12. London.
4. SHAW, G. K., and HARE, E. H. (1965). *Brit. J. Psychiat.* (in the press)

AMITRIPTYLINE IN DEPRESSIVE STATES

DEAR SIR,

Dr. Hordern and his co-authors are to be congratulated on their recent triad of papers dealing with amitriptyline in depressive states. Though this work has been well conceived and carefully executed, it is a great pity that the authors' obvious efforts to keep the size of the papers as short as possible has resulted in an apparent omission from the discussion. I refer especially to the second paper "Amitriptyline in Depressive States; Phenomenology and Prognostic Considerations", *Brit. J. Psychiat.*, **109**, 815–825 (1963).

On page 816, the authors use the ultimate need for ECT as the index for success or failure of treatment and they conclude that *overall* amitriptyline was better than imipramine and that this difference was highly significant statistically ($P = \cdot 002$).

In an analysis of this kind, it is essential that the two groups of patients be similar at the start and