This means that case books from that period contain a wealth of phenomenological data.

The role of comorbidity was examined in its relationship of alcohol, syphilis and tuberculosis, and such existing causes as were considered relevant for the case notes. This is likely to follow such a list as Clouston (1883) reports, for although the classification of his mentor, Skae, had fallen into disrepute, the influence of Morningside on Dumfries was obviously strong.

I am afraid that Morton is unduly influenced by references to Clouston in his assertions about training in psychological medicine in Scotland. Firstly, the Association of Medical Officers of Asylums and Hospitals for the Insane was established in 1853. The names of Superintendents at Crichton are not absent from its Journal. Secondly, Andrew Duncan was a most popular and successful extramural teacher in the Edinburgh Medical School and East House, for which he was the driving force, and which was opened in 1813, had teaching as one of its basic tenets. Sir Alexander Morison instituted a series of lectures in 1823 which were published and ran to four editions, the last published in 1848. He later lectured in London, both lecture courses being continued until 1853. Skae succeeded as Resident Physician Superintendent in Morningside in 1846, and continued the teaching of psychiatry which Morison had inaugurated, lecturing in the extramural school and giving demonstrations. Professor Laycock (1812–76), who held the Chair of Medicine in Edinburgh, was also a distinguished lecturer in mental diseases and their treatment, but Skae would not co-operate with Laycock on the use of clinical material for demonstrations. When Skae died in 1873, Sir John Batty Tuke became an extramural lecturer, and Thomas Smith Clouston was appointed Physician Superintendent at the Royal Edinburgh Lunatic Asylum, Morningside (Henderson, 1964).

I cannot in a letter adequately discuss wider issues of quantitative methods in historical studies, but trust that the points made above will go some way to justify the foundation of the work which was criticised.

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Shoplifting in Families of Mentally Handicapped Persons

SIR: Fishbain (*Journal*, November 1988, **153**, 713) suggests "depression serving as a stimulus to the kleptomaniac behaviour, which in turn has an antidepressant effect through a symptom relief mechanism," as a more precise explanation for the shoplifting than stress. I would like to disagree.

Parents of mentally handicapped people are denied the usual expectation that most other parents have of their children flying the nest. They have to cope with each developmental milestone against a background of vulnerability due to their child's handicap. Psychiatrists working with mentally handicapped people and their families (especially mildly handicapped people living at home with their parents) are often approached for help during the transition from school to work/occupational environments. The importance of stress in these situations cannot be overestimated.

In my original case report (Roy, 1988) Steven's father did not have a previous history of depression. Although he was anxious, he had coped well in the past, and had a good work record. The parents said that they had lead a placid existence until Steven's behaviour changed. There was a clear-cut temporal relationship between the son putting his fist through the window in the evening and the father's offence the next morning. This implicates stress rather than depression triggering the offence. There was no doubt that the father was depressed, but this was probably secondary to environmental factors. There were no features of endogenous depression and it improved without recourse to antidepressants as the environmental factors were dealt with. I suggest that both the shoplifting and the depression were secondary to stress. Another family may have responded to the same stress differently.

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