

for neurotics. Since the bimodality criterion has been calculated on the assumption of equal sample sizes it is perhaps fair to take the unweighted mean of the two sample misclassification rates, viz 28 per cent, and compare this with our bimodality criterion. The evidence, so far as it goes, suggests that bimodality does exist when a sub-optimal discriminator is applied to fresh samples, though its presence is obscured by diagnostic error in the psychiatric criteria.

It must immediately be confessed that a lot of assumptions have been made in carrying through the argument to this conclusion. The assumptions about diagnostic error are based on evidence which many diagnosticians would accept. The assumptions about normality of distributions and equality of dispersions (which are implicit in Kendell's canonical analysis) are not so firmly grounded, though standard deviations calculated from the standard errors (see above) in Table V do suggest that the projections of the two dispersions into the canonical space are fairly homogeneous. The application of the bimodality criterion on the assumption of equal sample sizes may provoke some objections, though it seems reasonable that an arbitrary criterion should be made a little less arbitrary by rendering it independent of relative sample size.

If the assumptions are reasonable, then we have, on the evidence of Kendell's study, established that the chances that bimodality does occur are, very roughly, even. In so far as the reliability of psychiatric diagnosis falls below 80 per cent, the chances that bimodality is present are increased.

If the conclusions of this review are accepted it is probable that psychiatrists will split into two camps: those who argue that diagnostic categorization is unprofitable in practice owing to its unreliability, and those who argue that means should be found of reducing that unreliability by improvements in practice.

In conclusion I should like to emphasize the importance of Dr. Kendell's work, which goes beyond the statistical aspects considered in this review.

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**An Experimental Approach to Psychiatric Diagnosis: An International Study.** By M. SHEPHERD, E. M. BROOKE, J. E. COOPER and T. LIN. *Acta Psychiatrica Scandinavica* Supplement 201. Copenhagen: Munksgaard. 1968. Pp. 89. Price 25s.

The World Health Organization has initiated a ten-year plan of research in psychiatric epidemiology and social psychiatry. One part of this plan, known as 'Programme A', is concerned with the standardi-

zation of psychiatric diagnosis, classification and statistics. Twelve experts, representing various schools of psychiatry and statistics, from eight different countries, have been invited to take part in this programme, which consists of a series of annual meetings to be held in different parts of the world, each covering one important sub-division of the International Classification of Diseases (7th Revision, Section V, Mental, Psychoneurotic and Personality disorders). The last three meetings are to be used for consolidation and for the formulation of recommendations for a revision of the I.C.D. in 1975.

This Supplement reports on the work of the first of these meetings, held in London in 1965, of which the subject was the functional psychoses, with emphasis on schizophrenia. Eight British psychiatrists in addition to the twelve regular participants took part in two exercises designed to study variation in diagnostic practice. Knowledge of the sources of this variation was considered to be a first step towards attaining agreement on psychiatric classification.

The first exercise was the consideration of six written case histories, circulated before the meeting began. The clinical material included some patients with typical schizophrenia, some with depression, and some for whom, for various reasons, the diagnosis was doubtful. Each history gave details of family and personal background, past illnesses, presenting disorder, present mental and physical state and relevant special investigations. The participants completed a questionnaire, giving a full diagnostic formulation, followed by the diagnosis in terms of the I.C.D. (7th revision) and other details, including an estimate of the probable outcome.

The presenting illness seemed to be the most important factor on which the formulation of diagnosis was based, supported by details of past mental illness and assessment of personality. When these conformed to a characteristic clinical picture, the level of agreement was high. Where there were unusual clinical features, especially if these occurred in association with a physical disorder which might have been important in aetiology, there was much more disagreement.

After the initial questionnaire had been returned, the participants were sent further information about the patients' subsequent progress and were asked if this changed their opinion about the diagnosis. This additional information increased certainty in some cases, but led to reformulation of the diagnosis in others.

For the second exercise, the group was shown nine video-taped psychiatric interviews. The clinical material covered the same range of diagnoses as in the first exercise. There were two full formal diag-

nostic interviews, using a schedule for eliciting present mental state. The other seven interviews concentrated upon three specific areas of abnormality, that is disorders of psychomotor function, of speech and thinking, and of affect. After each interview was finished the participants completed questionnaires concerning items of behaviour shown by the patients.

The authors summarize the reasons for diagnostic disagreement as follows: firstly, variations in observation of symptoms and signs; secondly, variations in inferences from observations; and thirdly variations in diagnostic terminology. In fact, examination of the tables derived from the video-tape exercise, giving participants, judgements on whether specific items of abnormal behaviour were present or absent, shows a surprising degree of agreement taking into consideration the circumstances of the meeting and the fact that judgements were not made while the video-tapes were being shown. It has, of course, been demonstrated that the 'Present State Examination' interview used in this exercise can be very reliably rated by *trained* observers. However, it is clear that the first of the three sources of diagnostic disagreement can be considerably reduced even in the circumstances of an unrehearsed international meeting.

For some of the video-taped interviews, the participants were asked to comment freely on the patients' affect. This unstructured assessment produced a wide range of responses. When the two full length interviews were shown, the clinicians were asked for opinions on diagnoses as well as items of behaviour. For one of these cases there was a marked divergence of views on diagnosis, although the agreement on specific behaviour was reasonably good.

These results emphasize the importance of standardized techniques for the observation and recording of the detailed items which contribute to the total clinical picture, for it is at this level that agreement and communication between workers in the field is possible.

The educational function of the meeting was most valuable. The authors mention that the clinicians taking part became aware of the effects of their personal biases on the way they diagnosed psychiatric disorders, an experience which they found chastening but also instructive.

It is to be hoped that the lessons will be remembered when the time comes for the next revision of the psychiatric section of the I.C.D.

LORNA WING.

**Mental Disorder: A problem with many facets.**

By MAN MOHAN SINGH. Pan Books. 1967. 75s. 6d.

This book is aimed at non-psychiatric medical men and laymen, and is ambitious in both its scope and

aims. It is one of a series with titles such as 'You and Your Brain', 'Sex', and 'Plastics and You'. The author has clearly put in a good deal of work and tried to cover not only the history of the subject but also the growing points of the field. Unfortunately, in his desire to simplify he often misleads, and the book contains many minor errors and over-dogmatic assertions. In a book which aims at 'promoting a critical understanding of mental disorder in all its myriad aspects' one wonders what his evidence is for the assertion that, for example, obsessives 'are as a rule of high average or above average intelligence' (p. 177) or that 'schizoid people . . . account for the largest proportion among life-long bachelors and spinsters' (p. 193). Yet confident assertions of this kind abound throughout the book, and are not distinguished from more solid findings. Thus, the author asserts that at the York Retreat (of all places) ducking and the whirling chair were in use until the second half of the nineteenth century; in fact, they had never been used there at all. What are we to make of 'in Eysenck's Maudsley Personality Inventory a person's proneness to neurosis or psychopathy is determined by evaluation on the introversion-extraversion scale on the one hand and neuroticism scale on the other' (p. 35)? Even if we reverse this statement it is still wrong.

The book begins with an extremely dubious classification into 'the physically determined psychoses, the constitutionally determined disorders of personality, and the psychogenic neuroses' (p. 10). One is dismayed to learn that sexual deviation comes into the second category as an 'inherent inferiority'. In the historical section there is a welcome but all too brief section on Ayurvedic psychiatry, followed by a spirited reminder of the youth of Graeco-Roman civilization. But pleasant moments like these are all too few. At times the author's jocose style leads him to make statements like 'how in fact any physical method of treatment in psychiatry acts is still a big question mark' (p. 64), while 80 pages later psychopharmacology is being described in extraordinary detail for a popular book.

Those who find psychiatry a confusing subject are unlikely to be helped by the author's determination to expound Freudian theory using a baby named 'little Albert' as his subject, while those who have ventured into that sinful place, the English pub, may or may not share the author's moral outrage as they read: '(in the pub) there is a tendency to take several measures in quick succession, with little food in the stomach, so that disinhibition supervenes rather suddenly. Drunkenness and disturbed behaviour is, therefore, very frequent, and leads to ugly and dangerous situations'. DAVID GOLDBERG.