Furthermore, as the RDC are arbitrary pragmatic conventions, with no underlying theory, there is little chance of reaching, with these means, a natural classification of mental disorders.

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References

FEIGHNER, J. P., ROBINS, E., GUZE, S. B., WOODRUFF, R. A., WINOKUR, G. & MUNOZ, R. (1972) Diagnostic criteria for use in psychiatric research. *Archives of General Psychiatry*, **26**, 57–63.

FEINBERG, M., CARROLL, B. J., STEINER, M. & COMMORATO, A. J. (1979) Misdiagnoses of endogenous depression with research diagnostic criteria. *Lancet*, *i*, 267.

NELSON, J. C., CHARNEY, D. S. & VINGIANO, A. W. (1978) False-positive diagnosis with primary affective disorder criteria. *Lancet*, *ii*, 1252–3.

—— —— (1980): Primary affective disorder criteria and the endogenous-reactive distinction. *Archives of General Psychiatry*, **37**, 787–93.

SPITZER, R. L., ENDICOTT, J. & ROBINS, E. (1978) *Research Diagnostic Criteria (RDC) for a Selected Group of Functional Disorders*. 3rd Edition. New York: Biometrics Research, New York State Psychiatric Institute.

ENDOGENOUS DEPRESSIVE SYNDROME

DEAR SIR,

Matussek, Söldner and Nagel (*Journal*, May 1981, **138**, 361–72) were unable to diagnose 14 per cent of their depressed patients as either 'endogenous' or 'neurotic'. These authors supported Eysenck's (1970) contention that such patients can carry components of *both* depressive syndromes. We believe that the expression *during childhood* of varying degrees of inherited endogenous depressive illness contributes to the concurrent development of neuroticism. Endogenous (primary, major, melancholic) childhood depression has an incidence of at least 1½–2 per cent (Kashani and Simonds, 1979; Staton and Brumback, 1981), but is seldom diagnosed as a biological disorder. When this illness is treated in childhood with tricyclic antidepressants, however, significant improvement occurs in cognitive function (Brumback *et al*, 1980; Staton *et al*, 1981) and in socially maladaptive behaviour (unpublished data).

Akiskal (1981) describes the high incidences of affective episodes and familial affective illness in adult patients given the diagnosis of borderline personality disorder, and concludes that borderline psychopathology can be a *secondary* manifestation of affective disorder. Akiskal suggests that chronically unpredictable mood changes, often subtle and having their onset before adulthood, lead to lifelong social maladjustment and impaired self-esteem. Our studies of depressed children support Akiskal's conclusions. Treatable affective disorder is often obscured by secondary symptoms of personality disorder or neuroticism in both adults and children.

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References

AKISKAL, H. S. (1981) Subaffective disorders: Dysthymic, cyclothymic and bipolar II disorders in the 'borderline' realm. *Psychiatric Clinics of North America*, **4**, 25–46.

BRUMBACK, R. A., STATON, R. D. & WILSON, H. (1980) Neuropsychological study of children during and after remission of endogenous depressive episodes. *Perceptual and Motor Skills*, **50**, 1163–7.

EYSENCK, H. J. (1970) The classification of depressive illnesses. *British Journal of Psychiatry*, **117**, 241–50.

KASHANI, J. & SIMONDS, J. F. (1979) The incidence of depression in children. *American Journal of Psychiatry*, **136**, 1203–5.

STATON, R. D. & BRUMBACK, R. A. (1981) Non-specificity of motor hyperactivity as a diagnostic criterion. *Perceptual and Motor Skills*, **52**, 323–32.

—— WILSON, H. & BRUMBACK, R. A. (1981) Cognitive improvement associated with tricyclic antidepressant treatment of childhood major depressive illness. *Perceptual and Motor Skills*, **53**, (in press).