

## Expert opinion

“The wearing of tinted spectacles by patients is often said to be a marker of psychopathology but without supportive evidence. To investigate the validity of this observation the personalities of 20 medical hospital patients who wore tinted spectacles were compared by means of a self-report inventory, with those of 20 controls who were age, sex, and diagnosis matched. There was a significant increase in the level of psychopathology in the tinted spectacle group, both in terms of an index of global psychological distress; the General Severity Index, and nine primary symptom dimensions measured by the inventory.”

HOWARD, R. J. W. M. & VALORI, R. M. (1989) Hospital patients who wear tinted spectacles – physical sign of psychoneurosis: a controlled study. *Journal of the Royal Society of Medicine*, 82, 606–608.

### Opinion

At last, rather than exploding medical myths, a well conducted study has supported time-honoured clinical observations, which many would have dismissed as mere prejudice. Howard & Valori (1989) conclude “that the wearing of tinted spectacles is a valid indicator of psychological distress among medical patients in hospital”.

This study is no exception to the rule that all good research generates as many new questions as

answers. For instance, what of the direction of causality; are tinted spectacles a cause of psychiatric disorder or does psychiatric disorder itself lead to the spectacles becoming tinted? One might also expect a dose-response relationship. The darker the lenses the sadder the patient? Or perhaps a grey tint is a stronger risk factor than brown?

What of the methodological problems? How were tinted spectacles defined and was there a grey area? How were photochromic lenses classified? And what of those whose “frail sensibilities” prevented them from removing the tinted spectacles from the spectacles case?

I suspect that this research data will prove very useful in those consultants’ ward rounds that hover around the bottom of the bed mentioning fatal diagnoses in a stage whisper, and delivering reassurance as a deafening and patronising parthian shot. The “tinted glasses sign” will then prove its usefulness; helping the physician in making that favourite diagnosis “A Psychiatric Patient”, without having to ask the patient a single question.

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## Reviews

### **Mental Health: Priorities in Research for the 1990s – A new partnership**

Edited by Professor P. McGuffin. London; Mental Health Foundation. Pp 28. 1989.

It is hard to believe that the Mental Health Foundation was 40 years old last year. It was set up by Dr Derek Richter and a business adviser, Ian Henderson, in 1949 and by 1950 sufficient funds had been raised to establish a research committee with the power to award grants. Under the energetic chairmanship of Sir Geoffrey Vickers, the Mental Health Research Fund (as it was then called) grew rapidly to be the major charitable organisation for mental

health in the United Kingdom. Despite this, the total allocation of funds to research in 1970 was still only £87,000. However, with the merger of the Mental Health Research Fund and the Mental Health Trust in 1972, and the widening of research to include the support of pioneering ventures in psychiatric services, the funding has increased so that nearly half a million pounds is available annually for research funding.

This booklet is produced as part of the 40th anniversary appeal which has set itself a target to raise an additional £5m over and above the Foundation’s expected annual income by 1992/3. The Appeals