implications of these difficulties by stating that 'similar variability is likely to be present when ranking patients in routine clinical practice'. Few would debate the existence of inter-observer variability, but the core issue here is whether the authors' data support culture as being a central factor in this phenomenon. The design of the study simply does not permit this conclusion.

Mackin, P., Targum, S. D., Kalali, A., *et al* (2006) Culture and assessment of manic symptoms. *British Journal of Psychiatry*, **189**, 379–380.

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Author's reply: We wholeheartedly agree with Dr Sanderson's conclusion that this study provides 'a useful starting point for future discussion and research'. Clearly, the number of assessed patients was small as was the number of clinician-raters. We acknowledge these points in our discussion and conclude by recommending other large studies using patients from real-life clinical settings. We also agree that perception of 'normal' behaviour would vary according to nationality and this might have very real significance when assessing the mental state of an individual. This warrants further research.

Drs Sanderson and Reed both comment on the lack of socio-demographic data on the rating clinicians but unfortunately these data are not available. We disagree with Dr Reed's assertion that we are required to make the assumption that the groups are similar in all respects except culture. We state clearly that 'we cannot exclude the possibility that other factors, in addition to cultural background, may have influenced these results', and we go on to prescribe potential confounding influences, including age, gender, psychiatric training, years of experience, etc. Similarly, Dr Reed's suggestion that we minimised the implications of these difficulties is unfounded; in fact, we highlight the possibility that multiple factors, including cultural biases, might affect the accuracy of scores on the Young Mania Rating Scale between clinicians from different countries. It is highly probable that similar variability will be present when this rating scale is used in routine clinical practice by clinicians from diverse cultural backgrounds.

Notwithstanding the preliminary nature of our study and the methodological considerations discussed above, we believe our data support the suggestion that cultural background influences the interpretation of manic symptoms when using the Young Mania Rating Scale.

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One hundred years ago

On the Growth of Nails in States of Mania and Mental Depression [l'Accressimento Ungueale nella Frenosi Maniaco-depressiva]. (Ann. Di Freniat., June, 1906.) Falciola

Dr. Falciola has collected a large number of papers upon the growth of nails and the changes noted after disease, which he has tested by his own observation. He is not disposed to agree to the assertion of Parisot and Paget that the state of the nails is an index of trophic alterations in the body, although he admits that their growth is affected by a general disturbance in the economy of the organism. He found that in melancholy the growth of the nails is slower. The increase of the nails is somewhat irregular, being greater at one time than another, and differing in each finger, although there is a general equality in growth, which is more marked in the three middle fingers. The nails of one hand do not grow at exactly the same rate as in the other. He fails to find either marked acceleration or slowness of growth in states of mental depression or mania. In general he finds that the study of the growth of the nails in insane patients appears to support the views of Kraepelin on the clinical unity of all those types of mental disease which writers generally wish to treat as distinct, but which, in truth, only represent different episodes of one fundamental malady.

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REFERENCE

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