

SYNDROMES OF PSYCHOSIS

DEAR SIR,

In Dr. Kreitman's letter (November, 1964, p. 866) about my review of "Syndromes of Psychosis" by Lorr *et al.* (July, 1964, p. 605) one is not always certain whether he is taking issue with the book or with the reviewer. To take his third point first—Lorr *et al.*, after reviewing some of the literature on reliability tests on psychiatric diagnoses (including the work of Kreitman and his colleagues), come to the conclusion that the level of reliability was shown to be very low. This was after all their reason for trying to devise a new scheme. Dr. Kreitman points out that in his view the level of reliability is not as low as they seem to think. My review shows that I tend to agree with him, although his own findings do not entirely support such optimism. Table X, in one of his publications (Kreitman *et al.*, 1958) shows for instance that of all the cases in his series diagnosed as schizophrenia (5 in all) by one group of psychiatrists, not a single one appeared with the same diagnosis when seen by the second group of diagnosticians. The conclusions from this must be either that the diagnostic concept of schizophrenia is completely useless (as Lorr *et al.* might conclude), or else that the diagnosticians taking part in the study had not come to an agreement about the criteria on which to make such a diagnosis (as I would suspect).

It is presumably because of this type of unreliability of diagnosis that Lorr *et al.* seem to feel that it is the diagnostic classifications at present in use which are at fault, and they discard them all and suggest their own brand new one instead. The implication of my comment is that the schemata have perhaps been dismissed too hastily.

Dr. Kreitman takes objection to my "philosophy" which he says is "unwholesome", as shown in the remark "what is at fault—the diagnostic schema or the diagnostician". He does not explain why he thinks so. I was not raising an issue of philosophy, but was referring to the practical problem of making reliable clinical diagnoses. He says "there cannot be diagnostic schemas outside the minds of the people who use them". This is an odd statement to make. There are very many different classifications, and the question is whether it is the same one that is in the heads of all diagnosticians who expect to obtain the same results. But alas, a diagnostic schema is only useful, and can only be expected to produce reliable results, if it is clearly in the heads of *all* those

who use it. The fact probably is that too many, though often using the same terms, have differing, often more or less private definitions of diagnostic concepts in their heads. I agree with Dr. Kreitman's suggestion that this would be a useful field for investigation, and this is precisely what I suggested in my review.

Frankly, I do not understand Dr. Kreitman's objections to my question "schema or diagnostician" (apart from its obviously deliberate oversimplification) since he himself calls for a clarification of "causes of disagreement between clinicians". He quotes an example of such an effort by Ward *et al.* (1962), who found that in 37 per cent. of the disagreements, this was attributable to differences in the interviewing techniques, i.e. the diagnosticians, and in the remaining cases due to the American Psychiatric Association diagnostic manual, i.e. the schema, a distinction which he objected to. Of course to these two can be further added other possible causes for disagreement such as information available, length of diagnostic interview, the social class of the patient, ethnic differences between patient and diagnostician, etc., some of which Dr. Kreitman has examined in his own studies.

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REFERENCES

- KREITMAN, N. *et al.* (1961). *J. Ment. Sci.*, 107, 887.
WARD, C. H. *et al.* (1962). *Arch. Gen. Psychiat.*, 7, 198.

KORO

DEAR SIR,

Dr. Yap, in his article of "Koro—A Culture-bound Depersonalization Syndrome" (*Brit. J. Psychiat.*, January, 1965, pages 43–50), refers to cases identical or similar to Koro among Westerners.

I would draw your attention to a clinical description in non-technical language of Koro occurring in a middle-aged man of good education and mature personality, to be found in Victor Gollancz's *More for Timothy* (pp. 91–92). The depersonalization in this case report is well brought out.

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