

## Correspondence

### THE PREDICTABILITY OF SPEECH IN SCHIZOPHRENIC PATIENTS

DEAR SIR,

Manschreck *et al* (*Journal*, 1979, 134, 595–601) recently reported that the speech of thought-disordered schizophrenic patients was less predictable than the speech of non-thought-disordered schizophrenic patients. Rutter, Draffan and Davies (*Journal*, 1977, 131, 67–68) had earlier found no effect. Unfortunately, there are several flaws in the Manschreck *et al* study, and I should like to comment on each.

- (1) The study compared only five thought-disordered patients with five non-thought-disordered patients. We are not told how the ten were recruited, nor even whether they were randomly selected. Our own study examined twenty-five schizophrenic patients who were randomly selected from recent acute admissions.
- (2) Ratings of thought-disorder were based on a clinical interview, and cut-off points were selected so that only severely thought-disordered patients were included in the thought-disordered group. Our own study used the well standardized Bannister-Fransella grid test. Manschreck *et al* are sceptical about this test, and it is unfortunate that they did not include it in their own study so that it could be assessed against their preferred procedure on the same sample of patients.
- (3) It is traditional to take speech samples of around 200 words, and it is often reported that predictability changes as the passage progresses. Manschreck *et al* do not report the length of their samples nor whether length was constant across speakers.
- (4) As in our own work, predictability was assessed by Cloze procedure, under both fifth-word deletion and fourth-word deletion. Each rater clozed every passage under fifth-word deletion, and then, one week later, clozed them all again under fourth-word deletion. Of course they were likely to remember from the previous week, and any comparison between the two deletion patterns is meaningless.
- (5) The statistical analysis is poorly described, and there is no evidence that account was taken of the fact that every passage was clozed by every rater, so that the ratings were not independent.

I am afraid that these problems of methodology mean that it is simply quite impossible to draw any implications from the data.

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DEAR SIR,

We were most interested to read the comments of Salzinger, Portnoy and Feldman on our paper 'The predictability of speech in schizophrenic patients' (*Journal*, March 1978, 132, 228–32).

Salzinger *et al* first reported that schizophrenic speech was less predictable than normal speech in 1964 (Salzinger *et al*, 1964), and they went on apparently to confirm the finding in 1970 (Salzinger *et al*, 1970). The only study which has subsequently reported the same result was by Silverman (1972), but the findings were very difficult to interpret since they were based on a poorly controlled comparison between only seven 'actively schizophrenic' patients and seven 'other' patients, three of whom in any case had a history of schizophrenia. No other published study that we know of has managed to reproduce Salzinger's findings. Cheek and Amarel (1968) compared schizophrenic and alcoholic patients, Hart and Payne (1973) compared 'overinclusive' with 'non-overinclusive' patients, and we compared schizophrenic and normal patients (Rutter *et al*, 1978), but none of us could find a difference between groups. What is more, the mean Cloze score for our own 1978 schizophrenic group, 47.2 was virtually identical to the 48.9 we had found the previous year (Rutter *et al*, 1977) in a study of thought-disorder in 25 schizophrenic patients—the largest sample in any of the published studies.

Salzinger suggests that the difference between his findings and ours may be attributable to medication: his patients were not under medication; ours were. In fact, there is no published evidence to support the argument; and indeed the result of his own single-case study contradicts it, at least for small doses of chlorpromazine (Salzinger *et al*, 1961). A definitive