

male pharmacists clearly suggests that these must be significant factors. On the other hand, if being a doctor or a doctor's wife carries with it a special kind of distress loading, clearly the physician is not unique in this either. Being an unskilled worker may be a worse predicament. By the same token, there appear to be some professions (e.g., the clergy, politicians) that are spared excessive risks of suicide. If we are to understand why doctors and their wives are at higher risk for suicide, we might benefit from undertaking in-depth comparisons of their demographics, lifestyles and value systems with those of other occupational groups.

ISAAC SAKINOFSKY

*St Michael's Hospital  
Toronto, Ontario M5B 1W8  
Canada*

#### References

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#### Mania Following Bereavement

SIR: In his letter (*Journal*, August 1986, **149**, 244) Bridges raises interesting points apart from, rather gallingly, misreading our intendedly ironic “Freudian” reference (*Journal*, April 1986, **148**, 468–70). He claims that in opposing grief and mania we create a false paradox in our patient's manic sequel to bereavement. If it is argued that grief and mania are not opposites then, by Bridges' own statements, grief and depression should have no relation. The disjunction of grief and depression is a little more problematic. The phenomenological closeness of these conditions is embedded in DSM-III, which requires the phenomena of “major depression” not to be caused by grief (p. 214). I do not believe DSM-III necessarily embodies ‘truth’, but it does conform to a body of respectable opinion, as do concepts of pathological grief, and to the extensive literature on bereavement and depression. Grief may be a normal experience, but it is not clearly differentiated from depression except by the presence of bereavement or loss. Bridges' placement of “happiness” as the polar opposite of grief is no less suspect than our opposition of grief and mania, or his separation of grief and depression. Only a psychiatrist who dealt with the extremes of illness would have the luxury of seeing such clear separations.

One of the worst sins of the analytic movement was to treat the hypothetical entities of “defences” as real or phenomenological entities. Bridges refers to “man[if]a-an illness” with a conviction that similarly

treats the hypothetical entity of illness as a real or phenomenological entity. Moreover, psychoanalytic theory offered trite and circular ‘explanations’ for many mysteries of human behaviour and thereby closed them to investigation for decades. To speak of “specific vulnerability/non-specific stress” creates an illusion of explanation which threatens to do the same.

STEPHEN ROSENMAN

*The Australian National University  
Canberra ACT 2601  
Australia*

#### The Prognosis of Depression in Old Age

SIR: Baldwin & Jolley (*Journal*, November 1986, **149**, 574–583) point out that “much thought needs to be given to research methodology in this field.” I could not agree more; the authors' retrospective study of case notes can hardly be regarded as rigorous or comparable with a prospective follow-up study of the type I conducted. It is well recognised that case note reports of outcome frequently bear no relation at all to the mental states discovered in face-to-face interviews and no doubt the same vagaries of reporting afflict doctors' notes in Manchester as they do in East London. Baldwin & Jolley did, however, interview those alive for their long-term study. They reported a mortality rate (35%) remarkably similar to the 37% mortality rate of the East London cohort over a 4 year period (in press). If the dead are excluded, then 40% of their patients remaining alive were either ‘continuously ill’ or suffering from “depressive invalidism”. No different from Post's findings and not much different from mine!

It seems to me that where our methodology is similar, the results are similar, though perhaps they view the same results with more optimism. Baldwin & Jolley's pint pots are always half-full, whereas mine are half-empty!

ELAINE MURPHY

*Guy's Hospital  
London Bridge SE1 9RT*

#### Depression in School Phobia

SIR: We note with concern the comments of Weinberg *et al* (*Journal*, March 1986, **148**, 335). Some of the phraseology suggests that their views may be influenced by considerations beyond the substance of the Newcastle method. They enunciate standards which are easier to apply to the work of others and also over-emphasise shortcomings which we have