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Dear Sir,

Dr. Sim sees an inconsistency in that, in my paper on puerperal psychoses (*Journal*, January 1969, page 9), I state that I do not consider my findings 'to have much relevance to the question of termination of pregnancy' and yet criticize a conclusion of his 'there are no psychiatric grounds for termination of pregnancy' (Sim 1963). However, in the paper I did continue to point out that I did not assume, as did Sim 'that the main issue facing the psychiatrist is whether the mother is likely to develop a puerperal psychosis and the effects of such on her future health'. Because I have never accepted this view, I cannot accept a study concerned mainly with puerperal psychoses, my own or his, as having much relevance to the question.

There is no doubt that the outlook for women developing schizophrenia in the puerperium has improved with more recent treatments. Dr. Sim may not consider that a risk of one in five of a woman developing a further schizophrenic illness with a further pregnancy is sufficient for seriously considering termination of pregnancy. This is a figure obtained from a group study, and we know that individuals differ in their predisposition towards further illnesses, as they differ in their social circumstances and their likelihood of accepting the treatments we have to offer. I do not wish to argue an extreme opposite view to Dr. Sim's, but consider that every woman who presents to us as psychiatrists requires individual consideration as to whether in her case termination of pregnancy is the best treatment we can advise.

I do not claim in my paper that Dr. Sim's statement 'there are no psychiatric grounds for termination of pregnancy' was a prejudgement prior to his study, but those who accept the conclusion are certainly prejudging the issue thereafter.

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Reference

Sim, M. (1963). 'Abortion and the psychiatrist.' *Brit. med. J.*, *ii*, 145–8.

MANIC-DEPRESSIVE PSYCHOSIS

Dear Sir,

I read T. H. Court's recent paper 'Manic-depressive psychosis. An alternative conceptual model' (*Journal*, December 1968, p. 1523), with considerable interest. In a recent review of studies bearing upon the neurophysiology of affective illness, Joe Mendels and I have reached very similar conclusions regarding the difficulties of a bipolar model for manic-depressive illness (1).

It appeared to us, however, that a third model having advantages over that of a continuum might also be entertained. Here, depression, mania and normality of mental state may be seen as occupying the three corners of a triangle. The clinically observed 'mixed' affective state then falls along the continuum between mania and depression, but either state may revert to normality without necessarily passing through the affective tones of the other. This is in keeping with clinical experience, and bypasses the difficulty, noted by Dr. Court, that the continuum model does not easily account for those individuals who move directly from normality to mania and vice versa. The evidence he presents supports such a model equally well.

Also of note is that preliminary sleep E.E.G. studies give further support to close similarity between manic and depressive states, at least from a neurophysiological standpoint. The disturbance in sleep pattern of one manic patient (2) was essentially the same as that found in severely depressed patients (3), with a gross reduction of stage 4 sleep and a very low arousal threshold.

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3. Hawkins, D. R., Lipton, M., and Mendels, J. (1968). 'Sleep studies in a hypomanic patient.' *Psychophysiology*. Abstract from Proc. of 7th Annual Psycho-Physiological Assoc., **4**, 388.

[This correspondence is now closed.]

TRAINING OF PSYCHIATRISTS

Dear Sir,

In view of the very inadequate experience and training in Subnormality shown in the Report on

the R.M.P.A. questionnaire on post-graduate experience and training of Consultant Psychiatrists (*Journal*, February 1969 pp. 225–31), is the time not opportune to question the significance of present-day psychiatry as the major background discipline in this field? Clearly the D.P.M., as at present constituted, has little relevance, and the paucity of applicants for specialist's posts is understandable.

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OBSESSIONALITY AND SELF-APPRAISAL QUESTIONNAIRES

DEAR SIR,

Dr. Reed (*Journal*, February 1969, p. 205), takes me to task, as did Kline (1967), for not distinguishing between traits and symptoms (Orme 1965). I must agree that I called 'traits' what Sandler and Hazari (1960) called 'symptoms'. But the proof of the pudding is in the eating, and I did not see that I was under any obligation to use a terminology that was speculative and unverified. As Reed points out, Kline's study of normals could not really produce any information about obsessional neurosis. But Reed's study of more appropriate groups leads inevitably to a conclusion similar to mine, and it would be justifiable to enlarge Reed's transposition to 'the admission of obsessional symptoms *and traits* is intimately related to general emotional instability.'

How this finding is interpreted remains sheer speculation and, I must plead, should be kept quite separate. I do agree with Reed's comment on the 'quality of experience', and have pointed out elsewhere (Orme 1968) that the basic problem of measuring the intensity (or per cent time) of traits and symptoms is ignored in standard inventory usage. It is my own personal speculation that this is a major reason why personality inventories, despite impressive theoretical and factorial clarion calls, still have remarkable difficulty in distinguishing between diagnostic categories. That, after all, is what they are supposed to do.

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ORME, J. E. (1965). 'The relationship of obsessional traits to general emotional instability.' *Brit. J. med. Psychol.*, **38**, 269–371.

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STENGEL PRIZE

DEAR SIR,

I would like to draw the attention of your readers to the first award of the Stengel Prize due to be made in July 1970. This prize was established from contributions by Professor Stengel's colleagues to mark his retirement from the Chair of Psychiatry at the University of Sheffield.

The prize of £120 is to be awarded every three years to any doctor or group of doctors who have worked in the Sheffield Region (i.e. geographical area covered by the Regional Hospital Board) for a piece of research in a field related to clinical psychiatry and carried out during tenure of an appointment in the Sheffield Region, whether in hospital, University, general practice or local authority service. Preferences will be given to doctors who have been qualified for not more than eight years. The prize may be shared at the discretion of the assessors.

The entry should consist of two typed copies of the study written in a manner suitable for publication in a scientific journal. The closing date will be 31st March 1970. Any inquiries concerning the suitability of a project or eligibility of a candidate should be made to the Board of Assessors.

C. P. SEAGER.
Hon. Secretary,
Board of Assessors for the Stengel Prize
University Department of Psychiatry,
Whiteley Wood Clinic,
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Sheffield 510 3TL.