It became impossible, so by and by Jean and he were married".

The sudden onset of blindness in the war and his recovery on the passage home are suggestive of combat hysteria. It is likely that the symptom of blindness was an unconscious attempt to 'shut out' the sights of mutilation he had seen while assisting the Army Surgeon.

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ANTICIPATORY GRIEF

DEAR SIR,

Fulton and Gottesman's (Journal, July 1980, 137, 45–54) detailed analysis of the literature on Anticipatory Grief rightly raises doubts about the usefulness of this concept. Unfortunately they have failed to spot a very interesting and important finding which emerges from the large amount of research which they report.

_ Despite all the differences in definition and methodology there are three studies which come up with clear evidence of a relationship between forewarning of bereavement and good outcome. The factor which distinguishes these three from the five other quantitative studies is young age. Natterson and Knudson's (1960) study of dying children and Glick's (1974) study of widows and widowers under age 45 both show that in the young age group, the opportunity to anticipate bereavement does reduce the intensity of subsequent distress. Ball's (1977) study allows direct comparison of widows over and under 45 years of age and confirms this finding.

Although Maddison and Walker's (1967) study is referred to by Fulton as being concerned with "young and middle aged" widows in fact widows under 45 were not included in their research.

One other study which was not included by Fulton is a comparison of relatives of 32 patients who had died in Sweden within a few hours of becoming ill and 55 controls most of whom had died from cancer (Lundin, 1979). Both groups were under the age of 65 and the change in morbidity was measured in days of sick-listing from Swedish social insurance claims during 2 years before and after the death. Lundin found that the mean number of days sick increased from 41.2 to 54.0 in the unexpectedly bereaved group and that this was most marked in relatives of patients who had died in a violent accident ($P < .01$). No such increase was found in the control group although both before and after bereavement morbidity was higher than in the normal population (suggesting that relatives of patients with cancer may suffer stress-effects before as well as after bereavement).

It seems reasonable to conclude that deaths which are both unexpected and untimely are potentially pathogenic.

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VULNERABILITY FACTORS AND DEPRESSION

DEAR SIR,

Roy (Journal, August 1978, 133, 106 and January 1981, 138, 75) purports to corroborate Brown et al's (1975, 1977) findings that unemployment, lack of a confiding relationship and early parental loss act as vulnerability factors in relation to depression. This conclusion, would not appear to follow from his data.

The features that constitute the essential defining characteristics of vulnerability factors have been hotly disputed (Tennant and Bebbington, 1978; Brown and Harris, 1978, 1980; Bebbington, 1980; Surtees, 1980). Nevertheless, a fundamental point of agreement is that their effects can only be demonstrated in conjunction with information pertaining to life events. Roy (1978) appears to concur with this view in that he defines vulnerability factors as "factors which increase the chances of developing a psychiatric disorder in the presence of an event or difficulty" (p 106).

Despite this definition, however, he failed to collect any information pertaining to the occurrence of life events or difficulties. Thus, in the absence of this information it is not possible to determine whether

these factors conform to the complex theoretical and statistical relationships that are the essence of vulnerability factors (*op. cit.*). The information as presented can be parsimoniously viewed as suggesting that these factors directly influence depression, it cannot be used to corroborate the vulnerability model.

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ERRATUM

In the paper by E. Szabadi, P. Gaszner and C. M. Bradshaw (*Journal*, November 1980, 137, 433–39) the concentration of the pilocarpine hydrochloride solution (page 434, right-hand column, line 26) should be 0.02 M (not 0.07 M as stated erroneously).