

Correspondence

Letters for publication in the Correspondence columns should be addressed to:

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ENDOGENOUS AND NEUROTIC DEPRESSION

DEAR SIR,

I am puzzled by Professor Kiloh's statement (Kiloh Andrews, Neilson and Bianchi, *Journal*, August 1972) that I have now abandoned my original view that 'the psychotic form (of depression) is merely a severe variety of neurotic depression', and his related assumption that I am, or used to be, wedded to a 'unitary hypothesis' of depression. In fact I have never at any stage said, or even believed, that there was only one kind of depressive illness, or that the differences between one patient and another were merely differences in severity. In my original monograph (Kendell, 1968a) I took some pains to emphasize my acceptance of the fact that 'there are important and fundamental differences between different depressions that are not simply differences in severity or chronicity', and I did so again in a subsequent review (Kendell, 1968b).

I suspect that Professor Kiloh's misapprehensions, which I think may be shared by some of his former colleagues in this country, arose in the following way. In the early 1960s he attempted to establish that what he called neurotic depression and endogenous depression were distinct diseases, and considered, erroneously I think, that he had done so. I tried repeatedly to do the same, but always found that patients with mixed symptoms were commoner than those with pure symptoms of either type: the 'greys' consistently outnumbered the 'blacks' and the 'whites'. For this reason I reject his hypothesis. But because I was convinced that there was no valid evidence for the existence of two distinct types of depression it did not follow that I believed that there was only one kind, as he and his colleagues seem to have assumed. For me the conclusion to be drawn from my failure to demonstrate the existence of two distinct diseases, coupled with the extensive differences in symptomatology and prognosis between one patient and another on which we were all agreed, was that a dimensional system should be used in place of the traditional typology. I chose to use a single dimension because this was the simplest solution,

and because I already possessed a means of identifying the positions of individual patients on a psychotic/neurotic dimension with demonstrable practical advantages over the traditional three-disease typology. Although I never stressed the point, I regarded the number of dimensions as a subsidiary issue to the main one of replacing a typology by a dimensional system. I might equally well have used two, or three, dimensions, and in fact some years ago, and incidentally before Professor Eysenck entered the fray, I said that two dimensions were probably preferable to one (Kendell, 1969).

It is true, as Kiloh says, that my views have changed somewhat with the passage of time and that our respective positions are closer than they once were. Certainly I am impressed, as he is, by the consistency with which cluster analysis identifies a group of patients with typical endogenous or manic depressive depressions but fails to do the same for neurotic depression. But I am also increasingly doubtful of the wisdom of studying, and arguing about, the classification of depressions in isolation from other forms of mental illness; and more aware than I used to be that the most appropriate classification in one context will not necessarily remain the most appropriate in a different one.

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