Kolakowska *et al*, dysarthria, right-left confusion, hopping, foot taps and astereognosis, only right-left confusion was among the 5 most common signs observed in our unmedicated patients. Further evidence of a difference in the two samples is suggested by the fact that 76% (45/59) of drug free non-process schizophrenics in our sample showed 0–1 soft signs whereas in the sample studied by Kolakowska, only 38% (19/50) exhibited 0–1 soft signs. We think that the soft signs examination done by Kolakowska *et al* was compromised but the rest of their evidence does support a relationship between chronicity and "organic" impairment in schizophrenia.

Furthermore, Kolakowska *et al* suggest that the fact that not all those with chronic illness showed abnormalities on the measures of organic impairment undermines the utility of these signs in helping identify a distinct sub-type of chronic schizophrenia. Schizophrenia is a heterogeneous syndrome and it is unlikely that there is one form of the illness or a single pathophysiologic process which leads to chronicity. Thus we would not anticipate that all chronic patients would exhibit a particular cluster of signs, symptoms or course pattern.

F. QUITKIN
D. KLEIN
A. RIFKIN

New York State Psychiatric Institute,
722 West 168th Street,
New York, N.Y. 10032

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MRC Fluphenazine Trial

DEAR SIR,

In this generally instructive set of papers (*Journal*, May 1985, **146**, 464–480) it is stated that: "Very high inter-rater agreement was reached, and this was checked during the course of the study by a number of joint interviews (r always greater than 0.8)."

Joint interviews are no guarantee of independence (Robinson *et al*, 1982). A screen placed between the raters prevents each from seeing the other's pen move to paper during a verbal interchange, so that justice is seen to be done. Was this strategy used herein?

Does the use of the coefficient r imply that the authors have measured association rather than agreement? Have they corrected for chance agreement? Did they distinguish between agreement about symptoms and that about signs and if so, what were the figures?

MICHAEL ROBINSON

Royal Liverpool Hospital,
P.O. Box 147,
Liverpool L69 3BX

Reference

ROBINSON, M. L., COOKSON, I. B. & WHITE, K. (1982) The "Consentiam" effect: Are your joint ratings really independent? *British Journal of Medical Psychology*, **55**, 285–286.

Dr Curson and Colleagues Reply

Our awareness of problems such as reliability, agreement and bias should be evident. We attempted to maximise and measure inter-rater agreement in the three of us who conducted the assessments by extensive formal training and practice before the study commenced and by conducting some joint interviews during it to avoid phenomena such as "drift back". The method adopted was exactly that used in PSE training courses held at the Institute of Psychiatry and Guys Hospital. One of us (DAC) has now been a recognised teacher of the PSE for eight years. This accounts for the use of the Pearson correlation coefficient as found in the PSE Manual. We recognise that association can be very high while agreement is poor. We feel confident however, that the level of agreement was as good as that achieved in the independent assessment of social measures (p. 476–477). Differences in ratings were discussed at length after each joint interview; the score of the main interviewer was used for analysis, and the statistical check was done later to ensure that association was always greater than $r = 0.8$.

The clinical context of the study precluded the use of sophisticated techniques such as screens. Patients and their relatives were interviewed in a variety of settings ranging from dingy bedsitters and the kitchens of council flats to day centres.

The greater reliabiltiy of eliciting symptoms, especially on the PSE, is well established. In reality the threshold for rating signs on this instrument is so high that few patients scored at all.

We agree with Dr. Robinson that such issues are very important in psychiatric research. While perfection is difficult to attain, we feel that within the limits imposed upon us we did the best we could.

D. A. CURSON
T. R. E. BARNES
R. W. BAMBER
S. D. PLATT
S. R. HIRSCH

Bowden House Clinic,
London Road,
Harrow-on-the-Hill,
Middlesex HA1 3JL

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