treatment costs may appeal to hospital and health authority managers with responsibility for specific budgets, but the findings reported by Dr Muijen *et al* fail to reflect the true costs associated with the different types of treatment under investigation. Certain items of care are difficult to cost in purely financial terms, such as relatives' time and the capital element of service costs, and these may require special treatment, based on more than one model (McGuire, 1991). There can be no excuse, however, for neglecting relatively straightforward costs which are disproportionately distributed between the experimental and control groups, including the costs incurred by the hospital out-patient service, primary-care services, the criminal-justice system, community agencies and informal carers. In ignoring these, the authors fail to account for costs which are shifted away from the hospital in-patient service but which are borne by other agencies.

Although unacknowledged in the present paper, the cost–benefit analysis promised for future publication is being undertaken in collaboration with the Personal Social Services Research Unit (PSSRU) at the University of Kent, originators of some of the most innovative and compelling work on the economic evaluation of mental-health services (Knapp, 1991). The PSSRU values comprehensiveness above all other virtues in measuring costs (Knapp & Beecham, 1990), a feature which will certainly be reflected in later papers. It is especially disappointing therefore that the present authors saw fit to draw invalid conclusions based on incomplete cost data at this stage. It is interesting to note that such findings were omitted from a more comprehensive clinical evaluation which appeared simultaneously in another scientific journal.

BEECHAM, J., KNAPP, M. & FENYO, A. (1991) Costs, needs and outcomes, *Schizophrenia Bulletin*, **17**, 427–439.

KNAPP, M. (1991) The direct costs of the community care of chronically mentally ill people. In *Evaluation of Comprehensive Care of the Mentally Ill* (eds H. Freeman & J. Henderson), pp. 142–173. London: Gaskell.

—— & BEECHAM, J. (1990) Costing mental health services. *Psychological Medicine*, **20**, 893–908.

MCGUIRE, T. G. (1991) Measuring the economic costs of schizophrenia. *Schizophrenia Bulletin*, **17**, 375–388.

S. R. WEICH

PRiSM Team
Institute of Psychiatry
De Crespigny Park
Denmark Hill
London SE5 8AF

AUTHORS' REPLY: The title and text of our paper indicate that the findings are preliminary. Since then, intriguing additional results have emerged from the complete data set. The paper reporting the full clinical results will be ready soon; that on the full cost–benefit analysis will follow later. We are delighted that the definitive full cost-benefit analysis is indeed being done by such experts as Professor Martin Knapp and Jennifer Beecham. Professor Marks recently had the pleasure of publishing a book (Marks & Scott, 1991) which contained an excellent chapter by Professor Knapp lucidly analysing relevant issues. Dr Weich might wish to add it to the references he cited.

MARKS, I. M. & SCOTT, R. P. (1991) *Health Care Delivery: Innovations, Impediments, and Implementation*. Cambridge: Cambridge University Press.

MATT MUIJEN
ISAAC MARKS
JOSEPH CONNOLLY

Institute of Psychiatry
De Crespigny Park
Denmark Hill
London SE5 8AF

Insight and illusion

SIR: In our analysis of the Hamilton and Hopkins scales, when comparing imipramine and placebo, we found the Rasch model more appropriate than factor analysis. Dr Evans *et al* (*Journal*, August 1992, **161**, 272) fear that our results can induce the illusion of the death of factor analysis.

Hamilton (1977) has made it clear that placebo-controlled trials refer to general dimensions of therapeutic activity. When comparing imipramine with a placebo control in panic disorder we found it meaningful to refer both to a dimension of depression and to a dimension of outcome of general nature in panic disorder. In a cross-national setting we showed that the Rasch model item analysis was superior to factor analysis in evaluating the transferability of these general dimensions (depression and discomfort) across such variables as cultures, age, and sex.

Hamilton (1977) also made it clear that if we wish to know not only whether a drug has any therapeutic effect at all (i.e. better than placebo) but also to find its place within the other established drugs we should include items relevant for describing the clinical profile. In this respect, factor analysis might give an important, multidimensional insight.

The factor-analytic method in our study was similar to that used by Hamilton. This method might be inferior to the method suggested by Dr Evans *et al*. It would, therefore, be of great importance to

https://doi.org/10.1192/S0007125000130508 Published online by Cambridge University Press