answer questions about what problems, if any, they encountered in "supporting" the elderly person.

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Concept of Mild Endogenous Depression

SIR: Unfortunately, Snaith's essay (*Journal*, March 1987, **150**, 387–393) is representative of most discussions about the use of the term 'endogenous' depression, being just another example of defining words by other words at the same level of abstraction.

When multiple clinical items of depression are aggregated, the resulting scale of categories can be arranged as a hierarchy. The hierarchical arrangement provides a clear idea of what is contained in the total scale score of the individual items. The most simple model for evaluating hierarchical aggregations is the Rasch model, because items here will obtain equal weights if they fulfil the model (Bech, 1981). Applying Rasch models on the universe of items defined by the Melancholia Scale and the Newcastle Scales (Bech *et al*, 1983), we have found one dimension of severity of depression and two dimensions for the diagnostic type of depression (Bech & Allerup, 1987).

In total, 11 items constituted the dimension of severity, which in increasing hierarchical order are: difficulties in carrying out usual work; lack of interests and pleasure; reduced sleep; more apprehensive or irritable than usual; more emotionally introverted than usual; difficulties in concentration; more tired than usual; self-depreciation or guilt feeling; pronounced inertia in conversation; clear motor retardation; and suicidal thoughts or impulses.

In relation to the two diagnostic dimensions, we found that five items constituted endogenous depression: persistence of clinical picture; weight loss; early waking; worse in the morning; and distinct quality. Another five items constituted reactive depression: duration of current episode; somatic anxiety; character neurosis; reactivity of symptoms; and psychological stressors.

According to these dimensions we can classify patients into minor or major depression and diagnostically into endogenous or reactive depression.

The state of anhedonia described by Snaith is nothing more than mild endogenous depression. 'Anhedonia' is traditionally used to describe the borderline personality who suffers from a painful lack of vitality based on a narcisistic distance from other people. According to Vanggaard (1979): "Not infrequently this anhedonia is called 'depression', and this is erroneous. An anhedonic state is a far cry, phenomenologically and theoretically, from a depressive one, as different as the general personalities of persons harbouring such states, if the terms are properly understood and used".

From a psychopharmacological point of view anhedonia should be treated with neuroleptics, whereas mild endogenous depression should be treated with antidepressants. Patients who do not respond to antidepressants should be diagnostically reconsidered, as they might be borderline cases.

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Tuberous Sclerosis and the Autistic Syndrome

SIR: I was surprised to read that Lawlor & Maurer (*Journal*, March 1987, **150**, 396–397) believe tuberous sclerosis (TS) to be a rare cause of the autistic syndrome. Parents of children with TS have known otherwise for some years, and child psychiatrists, paediatricians and others have been made aware of it more recently. Lawlor & Maurer fail to point out that the autistic syndrome is closely linked to the early occurrence of *infantile spasms* (Kolvin *et al*, 1971, Hunt & Dennis, 1987) and, much less so, to other forms of epilepsy.

The point I wish to make is that TS is not as rare as was once thought. In the Oxford Region in 1984, the prevalence was 1 in 15 400 for children under five. Children with TS do present at departments of child psychiatry from time to time, and I support the conclusion of Lawlor & Maurer that a high index of suspicion should be maintained when confronted with an autistic child who has fits – but also, I would say, when assessing hyperkinetic, aggressive, and sleep disordered children with fits. Furthermore, in my experience, the diagnosis of TS has been made in

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