patients were ranked in order of clinically assessed thought disorder the correlation with Bannister and Fransella's measures was quite high (N=17, Spearman's rho for consistency with clinical rating=·57, P<·05, and for intensity rho=·79, P<·01).

The contrast between these relatively high correlations and the rather low ones found by Foulds *et al.* points, I believe, to a weakness in the clinical concept of thought disorder. As these authors comment, the difference between thought content disorder and thought process disorder is often ignored. Another distinction which is implicit in the psychiatric literature, but not clearly defined, is that between disorder of thought manifest in speech and disorders of speech not dependent on thought disorder. This distinction becomes most troublesome when one attempts to make operational definitions of the components of schizophrenic thought disorder. Moreover, many of these components, such as misuse of words or unimportant detail, are almost impossible to define in such a way that the phenomenon is specific to the schizophrenic, without introducing circularities of argument.

It is hardly surprising that several different psychiatrists failed to produce a consistent clinical scale of thought disorder. And might not the low correlation of test results with clinical rating found amongst chronic patients be due to the reduced attention and less frequent interviews which psychiatrists are compelled to give their chronic patients? Inevitably, clinical ratings would be more erratic and clouded by the psychiatrist's recall of the patient's state on previous occasions.

There is one other aspect of the assessment of thought disorder which I hope Dr. Foulds and his colleagues may cover in further studies.

It is not clear from Bannister's work whether thought-process-disordered schizophrenics have an abnormal concept structure which they use normally as an intermediary in the performance of tasks, or if whilst retaining normal concept structure they are unable to use it effectively. In my experience of the test the most thought-disordered schizophrenics frequently tackle the sorting of the photographs in a manner quite different from normals. The non-thought-disordered subject takes as much trouble over the selection of the fourth and fifth ranking photograph as he will over the first—sometimes he takes longer. The thought-disordered subject, on the other hand, may select the first one, two or three with care—and amongst the first few selections his consistency is quite high; subsequent decisions are then taken at random. One subject made this process explicit: asked to select "the person who looks the most kind" she said "God, I couldn't tell you . . . as I am a woman I observe the woman first . . . it is very difficult, I'll give a woman a chance first, they have softer sentiments (selecting a woman) . . . then her (selecting another woman) (after a pause) then all the rest can take its chance", and she picked up the photographs in order from left to right, rapidly, and handed them to me. It would be of interest to measure the decision time for the selection of each rank for normal and schizophrenic subjects, including the thought-disordered.

A. J. COSTELLO.

M.R.C. Unit for the Study of Environmental Factors in Mental and Physical Illness,
London School of Economics,
Houghton Street,
Aldwych, London, W.C.2.

REFERENCE

COSTELLO, A. J. (1966). *Curiosity and Schizophrenia.* Unpublished dissertation submitted for the Academic Post-Graduate Diploma in Psychological Medicine of the University of London.

DEAR SIR,

I should be grateful if I might bring to your readers' attention the fact that the World Psychiatric Association has recently formed a number of Sections, dealing with specialist fields of psychiatry. In some cases Section committees have actually been formed, in others there is, as yet, only a small convening body. Those who are interested in any of the subjects covered, and who wish to foster international collaboration in a particular field of psychiatry, are invited to communicate with the Sections Adviser. Sections so far in the course of formation are as follows:

Biological Psychiatry
Child Psychiatry
Drug Dependency
Epidemiology and Community Psychiatry
Forensic Psychiatry
Geriatric Psychiatry
Higher Nervous Activity
Psychiatric Education
Transcultural Psychiatry.

J. K. WING.

Sections Adviser,
World Psychiatric Association,
Maudsley Hospital,
London, S.E.5.