

In this article by Karras (1967) an important hypothesis has been explored. In evaluating the reported study as a contribution to the hypothesis, it is suggested that the following points be borne in mind.

(1) If the hypothesis which is concerned with stimulus complexity is to be explored, several degrees of complexity should be investigated to the point where the predicted divergence may occur. In the quoted work of Harwood & Naylor (1963), it was not until four or five items were presented that the predicted breakdown occurred. It follows that the use of only simple and two-choice RT is likely to be inconclusive because the experimental variable has been insufficiently explored.

(2) The experimental Ss consisted of 134 male chronic schizophrenics. Yates (1966), in explaining his theoretical position, distinguishes between the paranoid and non-paranoid group, and with the support of others, expects a difference between such groups in efficiency of data-processing. No account is given here of the types of schizophrenia involved. It is conceivable that any effects that might have emerged were confounded by diagnostic heterogeneity.

(3) The control group is even further lacking in definition. Whatever its constitution it does not seem appropriate to test a hypothesis which relates to schizophrenics and normals by using a group whose main criterion is that they were *not* normal. Acknowledgement that this choice confounds the issue is made in the discussion with the proviso "it may be found that psychiatric patients in general process data more slowly than normals." Already there is evidence that this is the case (Court, 1964).

(4) The methodology further prevents a clear understanding of the contribution of processing time as such in the overall responses. Simple and choice RT tasks were both devised so that the S had not only to decide where to respond but also to make an appropriate movement. It could therefore be argued that slowness by schizophrenics was due to motor retardation as well as, or instead of, slow decision time. This confusion might have been avoided by a circuitry giving two separate measures as has been done in other studies (e.g., Singleton, 1954; King, 1954).

(5) Subject variability is a well recognized hazard in measuring the psychomotor response of psychiatric patients. In this study, the precaution of a significant learning period of 21 responses was taken, but it is regrettable that the median of scores on only nine responses per S was finally used.

(6) Among the variables on which the schizophrenic group differed from the control group, age, education, medication, and length of hospitalization are mentioned.

The first three of these are dismissed as unimportant, but with no scores given to establish the point. Had they been reported, it might have been shown that significant differences failed to appear due to large variance. The last point is related in discussion to chronicity with the suggestion that the slowness of the chronic patients relative to the others "remains a problem." Several studies using indices of severity of illness (e.g., King, 1954; Brooks & Weaver, 1962) have made it clear that relative severity is a crucial variable in explaining level of performance. No such measure is reported here, but it may be fairly assumed that schizophrenics with a mean hospitalization of 10.3 years were more severely ill than nonschizophrenics with a mean hospitalization of 29.8 days.

(7) The most important criticism of this work is the failure to take account of careful experimental work already reported which obtained data essentially the same. King (1954) in his book has compared the performance of chronic schizophrenics and subacute patients on simple RT and two-choice RT among other items in his battery. King also used a control group of normal Ss. The data reported on pp. 68 and 95 of his book give scores similar to those reported here, with normals faster than either patient group. Although that book was published before the work of Chapman & McGhie (1962) or of Yates (1966) came to light, he does devote a paragraph to considering the relative importance of the "discrimination factor" and concludes that, at that level of complexity, the schizophrenics do not decline in performance more rapidly than normals (see p. 77).

(8) Finally, the author's earlier paper is alluded to but not included among the references. That omission is rectified below.

#### References

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