of depression on pregnancy and infant outcomes. A notable aspect of their article was the prominent place psychotherapy holds in the presentation of treatment options.

Contemporary discussions of depression treatment commonly focus on pharmacological approaches, even when the depression occurs during pregnancy. The trend appears to be an emphasis on the dangers of untreated depression and a rush to reassure physicians about the safety of pharmacological agents during pregnancy. While initial findings offer some basis for this reassurance, much remains unknown. Data concerning long-term outcomes, particularly for behavioral teratogenicity, are lacking. The quantity and quality of research on this issue (relying upon animal models, pharmaceutical company-sponsored projects, case reports, retrospective studies, and studies lacking control groups) suggests the need for an open mind about optimal treatment during pregnancy.

Unfortunately, even when psychotherapy is identified as a treatment option, it is often referred to in a cursory fashion or in a manner that downplays positive elements and emphasizes potential—although not necessarily realistic—drawbacks. These admonitory comments about psychotherapy belie the fact that it is a validated treatment approach for depression. Cognitive behavior therapy is listed in the journal *Clinical Evidence* as an established beneficial treatment for depression (2). Likewise, APA's depression treatment guidelines cite data empirically supporting cognitive behavior therapy, interpersonal therapy, and other psychotherapies for the treatment of depression (3).

Given the empirical support for psychotherapeutic approaches for the treatment of depression and the need for more extensive and higher-quality research concerning the effects of pharmacological treatments of depression in pregnancy, it seems paramount to always include psychotherapy, particularly empirically validated approaches, as treatment options for depressed pregnant patients. The therapy used in the case conference was not such an approach but rather was described as an eclectic approach that combined psychodynamic and supportive modalities. Empirically validated psychotherapy should be the first choice of treatment for most depressed pregnant patients. When considering the use of medication, the risk/benefit discussion should include the fact that much is still not known about the long-term consequences of antidepressant medications.

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Functionalizing Diagnostics

TO THE EDITOR: In his review of my book titled *Pharmacotherapy for Mood, Anxiety, and Cognitive Disorders,* edited by U. Halbreich and S.A. Montgomery, Donald F. Klein, M.D. (1), mentions my plea to "focus on the functional impairments" in psychiatric diagnosis and calls this approach "premature" (1, p. 166). By functionalization, I mean dissection of the psychiatric syndromes diagnosed in a given patient into their component parts, i.e., the psychopathological symptoms, followed by attempts to identify the psychic dysfunctions generating the phenomena that patients experience and observers register as psychopathological symptoms (2). The focus of biological psychiatry, we maintain, should be less on disease entities or syndromes than on exploring the neurobiological underpinnings of psychic (dys)functions (3).

"Van Praag," Dr. Klein has it, "would have us give up the morass of comorbidly occurring syndromes and, in fact, the concept of disease entities to focus on the fundamental impairments that incur the psychopathological state" (1, p. 166)

This statement is only partly correct. I do see functionalization as an indispensable method for providing psychiatric diagnosis with a solid scientific bedrock. I have not suggested giving up syndromal and nosological diagnosis altogether but adding functionalization to the present diagnostic process (4).

Dr. Klein continues: "If we knew the brain functions that allow us to cogitate, emote, and behave, then Van Praag's suggestion would resonate" (1, p. 166), but at present a functional psychopathological approach seems to him premature.

I disagree with him. If we ever want to know the "brain functions that allow us to cogitate, emote, and behave," we first have to characterize the psychic dysfunctions that generate psychopathology. Systematic attempts to functionalize psychiatric diagnosing seem to me not premature but long overdue.

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The Hippocampus in Schizophrenia

TO THE EDITOR: Mary A. Walker, et al. (1) concluded that their stereological study of hippocampal volume and neuron number in schizophrenia provided evidence against a primary pathology of hippocampal structure and against the notion of schizophrenia as a limbic system disorder (2). While the stereological techniques employed allowed Ms. Walker et al. to draw strong inferences about hippocampal volume and cell number in schizophrenia, it is important to add some cautionary notes to their conclusions.

First, it is possible that subtle structural changes of the hippocampus involve primarily the anterior but not the posterior division (3). Ms. Walker et al. did not test for such a regionally selective volume difference. Furthermore, there is in-