al that a significant correlation exists between high platelet MAO activity and non-suppression in the DST in a group of well diagnosed patients with a major depression. Follow-up and treatment response studies in sub-groups like the one defined by high platelet MAO activity and non-suppression in the DST might be rewarding. We also support evidence (Spitzer *et al*, 1982) that routine clinical diagnoses by trainees are not accurate enough to be used for research purposes.

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Ageing and First Admissions for Affective Disorders

DEAR SIR,

Eagles and Whalley (*Journal*, August 1985, **147**, 180–187) have demonstrated a relationship between age at admission and first admission rates for affective disorders. They have *not* demonstrated a relationship between *ageing* and first admissions for affective disorders.

The well-known distinction between the effects of ageing itself, however mediated, and so-called "cohort effects" needs to be emphasised again. A cross-sectional slice (10 years thick) tells us nothing of longitudinal trends. For instance, some, all (or none) of the cohorts glimpsed in this study may have had *declining* rates of admission, as they aged, up to 1969.

We all appreciate how difficult longitudinal studies are, and it may be that such studies are impossible if based on official diagnoses, since these have changed so markedly over the years. But this is no excuse: there is a tendency to think that if, in order to answer a question, the study you have to do is impossible, another study will do. There is much of interest in Eagles and Whalley's data, but no light is shed on the central question.

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Elective Mutism

DEAR SIR,

Dr Wilkins' comparison of elective mutism and emotional disorders in children (*Journal*, February 1985, **146**, 198–203) appears to justify the need for recognising the former as a distinct clinical syndrome. However, in the sample of controls, he has included patients with diverse psychopathology ranging from enuresis to hysteria, all under the rubric of 'emotional disorders'. Although this might have been necessary to obtain a comparable group, it considerably dilutes the argument for a separate syndrome of mutism.

Interestingly, shyness, anxiety and depression seem to be features more common among the electively mute group, while in the ICD-9, these are cardinal features of different sub-categories of emotional disorders. There is no mention of whether transient or persistent mutism had at all been encountered in the control group.

While the ICD-9 rather arbitrarily describes elective mutism as a possible feature of the "emotional disorder with anxiety and fearfulness', it does not mention its occurrence among other disorders. A comparison of patients with mutism with one or more of the emotional disorders as defined by ICD-9 seems necessary before one advocates a separate syndrome of mutism.

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Using the PSE in Arabic Culture

DEAR SIR,

I read with great interest the article by L. Swartz, O. Ben-Arie and A. F. Teggin (*Journal*, 1985, **146**, 391). I myself translated the PSE 9th Edition into the Arabic language in cooperation with my colleagues, Drs M. Al-Yassiri, A. Salem and M. Al-Ajam. This translation was completed in October 1979. A standardised process of iterative back translation was employed and the instrument was then used in a study of life events and schizophrenia in the Najd region of Saudi Arabia (Al-Khani, 1983; Al-Khani *et al*, 1985a).

The difficulties faced were similar to those