AUTHOR'S REPLY: Dr Pantelis articulates well a paradox which continues to dog our thinking about schizophrenia, but which is built-in to current classification systems: that schizophrenia is a syndrome, but a syndrome with a presumed organic aetiology. As with other complex, common diseases in medicine – such as ischaemic heart disease, epilepsy, or Alzheimer's disease – schizophrenia will turn out to have a variety of genetic and non-genetic causes. Identifying subtypes which seem to have demographic and symptomatic similarities will facilitate the search for these causes: perhaps an operationally-defined "neurodevelopmental" subtype is an example of this, as would be strongly familial subtypes, late-onset subtypes, subtypes secondary to other central nervous system diseases, and so on.

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The myth of suicide prevention by general practitioners

SIR: I thank Dr Hawton and Professor Morgan (*Journal*, March 1993, **162,** 422) and Dr McCabe (*Journal*, February 1993, **162,** 270) for drawing my attention to Rutz *et al*'s (1989) study in Gotland to support their optimism about suicide prevention by general practitioners. I was obviously wrong in suggesting that statistically significant differences would be difficult to find without large samples over long periods of time.

However, a follow-up study (Rutz *et al*, 1992) allows the original data to be set in temporal context. I have combined the data reported from these two studies in Figure 1. The interventions clearly coincided with random variations in a rate which had started to decline, for unknown reasons, in the late 1970s. This highlights the methodological problems I was trying to emphasise in my letter (*Journal*, October 1992, **161,** 574). Although Rutz *et al* managed to arrange the data to produce various statistically significant differences, Figure 1 clearly shows that the intervention had no impact at all on suicide rates in Gotland.

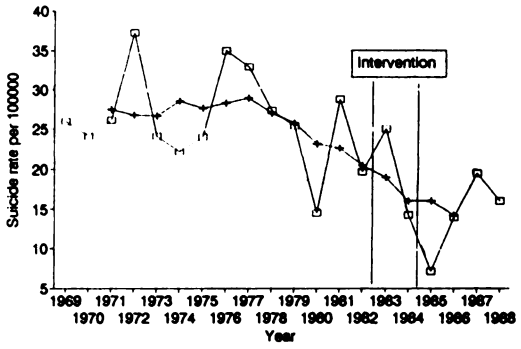

Fig. 1 Suicide in Gotland (Rutz *et al*, 1989, 1992) (□ = annual rate; + = five-year moving average).

I also thank Dr Hawton and Professor Morgan for drawing my attention to the incidence of some general medical conditions in general practice. Despite similar incidence rates, the difficulty in recognition of immediately potential suicide is obviously much greater than for these conditions. Quite apart from differences in volunteering relevant symptoms, someone's unrecognised Crohn's disease one month will still be available for belated recognition the next; the unrecognised suicidal patient will be dead.

I appear to have given the impression that I am opposed to improved recognition and treatment of psychiatric disorder in general practice. If the improvement requires the diversion of resources (energy and money) from the assessment and management of severe psychiatric disorder by secondary health care teams then this impression is correct. Let psychiatrists be satisfied with the organisation and funding of their acute services, in which the incidence of suicide is higher and more likely to be directly amenable to improvements, *before* telling general practitioners what to do to prevent these rare events in their patients.

RUTZ, W., VON KNORRING, L. & WALINDER, J. (1989) Frequency of suicide on Gotland after systematic postgraduate education of general practitioners. *Acta Psychiatrica Scandinavica*, **80,** 151–154.

——, —— & —— (1992) Long-term effects of an educational program for general practitioners given by the Swedish Committee for the Prevention and Treatment of Depression. *Acta Psychiatrica Scandinavica*, **85,** 83–88.

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Affect as a neurobehavioural probe in the evaluation of hypofrontality

SIR: I read with interest the article by Berman *et al* (*Journal*, February 1993, **162,** 183–192). The authors have used sensorimotor and cognitive tasks (Wisconsin Card Sorting test) as neurobehavioural probes to differentiate the pathophysiological mechanism of hypofrontality in schizophrenia and depression. Besides cognitive tasks, affect also has been recommended as a probe to elucidate the association