

study would be "paranoid schizophrenia with a presentation modified by cannabis use".

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Conversion mnemonic

SIR: I enjoyed reading the articles by Mace (*Journal*, September 1992, 161, 369–389). However, the mnemonic I have devised as a teaching tool about 'conversion' contains possibly important elements which were not addressed in the articles:

- C = Conscious control lacking
- O = Organic aetiology unproven
- N = Neurological symptoms prevalent
- V = Verisimilitude to physical illness
- E = Etiologically
- R = Related to
- S = Stressor
- I = Indifference may occur
- O = Organic sequelae possible
- N = Not culturally sanctioned

The elements 'indifference', 'organic sequelae', and 'not culturally sanctioned' were largely omitted in the discussion by Mace.

La belle indifférence (inappropriate lack of emotion or concern for the implications of one's disability (Stedman, 1990)) was, perhaps, the most striking omission in a historical review of conversion hysteria. This concept, like the concept of conversion itself, appears to have withstood the test of time; although the implications of the attitude described by *la belle indifférence* remain to be clarified. Perhaps *la belle indifférence* refers to the physician's attitude when an organic aetiology cannot be proven, similar to the suggestion by Mace that 'conversion' refers to a change in the physician's attitude towards a patient who defies traditional diagnosis.

Possible organic sequelae are important in considering the natural history of untreated conversion symptoms. Phenomena such as contractures, disuse atrophy, decubiti, and invalidism all demonstrate that patients with conversion can, ultimately, progress to serious physical illness.

Classical descriptions of conversion symptoms usually exclude culturally sanctioned behaviour. Otherwise, behaviour such as 'glossolalia' ('speaking in tongues' associated with certain religious sects

(Kaplan & Sadock, 1989)) might further confuse the issue.

The concept of conversion will certainly continue to undergo a fascinating evolution. Specific disorders without proven organic aetiology (e.g. 'chronic fatigue syndrome' (Goldman, 1992)) are also testing current diagnostic boundaries of neurology and psychiatry.

GOLDMAN, M. B. (1992) Neuropsychiatric features of endocrine disorders. In *The American Psychiatric Press Textbook of Neuropsychiatry* (2nd edition) (eds S. C. Yudofski & R. E. Hales), p. 528. Washington: American Psychiatric Press.

KAPLAN, H. I. & SADOCK, B. J. (1989) Diagnosis and psychiatry: examination of the psychiatric patient. In *Comprehensive Textbook of Psychiatry/V* (5th edition) (eds H. I. Kaplan & B. J. Sadock), p. 472. Baltimore: Williams and Wilkins.

STEDMAN (1990) *Stedman's Medical Dictionary, 25th edition*. Baltimore: Williams and Wilkins.

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Gender difference of schizophrenia in seasonal admissions in Scotland

SIR: Using a national sample from England and Wales, we reported that an excess of first admissions was present in summer months in female but not male schizophrenics (Takei *et al*, *Journal*, October 1992, 161, 506–511). Since this summer excess of admissions was also demonstrated in patients with a diagnosis of mania, we suggested that female schizophrenia has some aetiological or precipitating factor in common with mania.

To determine whether the gender difference in season of admissions in schizophrenia is reproducible, we obtained data on all first admissions for schizophrenia in Scotland between 1961 and 1990. The diagnosis of schizophrenia was coded using the 7th revision of the International Classification of Diseases (ICD) (World Health Organization) for those admitted between 1961 and 1967, ICD-8 for those admitted between 1968 and 1979, and ICD-9 for those admitted between 1980 and 1990. We tested the cyclical variation in admissions using the Edwards' method, the advantages of which we have previously discussed (Takei *et al*, 1992).

The results revealed that there was a significant cyclical seasonality in schizophrenic admissions ($n = 14964$, $\chi^2 = 12.26$, $d.f. = 2$, $P < 0.005$). When the sexes were examined separately, a highly significant cyclical seasonality was found in female ($n = 6875$,