somatic complaints (Connolly, 1979). Thirdly, hypochondriacal delusions occur in up to a fifth of schizophrenic disorders and are well known in affective disorders (McKenna, 1984) and these formed the majority of the asneezic group. Finally, the long duration and poor prognosis of such ideas in non-psychotic patients is well recognized (McKenna, 1984) and this is also in keeping with Dr Shukla's results. This would suggest that any further research be confined to the confirmation of asneezia as a genuine symptom. Only then can one consider the various biochemical hypotheses raised by Dr Shukla.

ANDREW CLARK

Fleming Memorial Hospital
Great North Road, Newcastle upon Tyne NE2 3AX

References

CONNOLLY, J. (1979) Psychiatry in a General Hospital. In *Essentials of Postgraduate Psychiatry* (eds. P. Hill, R. Murray & A. Thorley), London: Academic Press.

HAMILTON, M. (1974) *Fish's Clinical Psychopathology*, Bristol: John Wright.

MCKENNA, P. J. (1984) Disorders with overvalued ideas. *British Journal of Psychiatry*, **145**, 579–585.

Seasonal Variation in Suicides for Males and Females.

DEAR SIR,

There has been a recent series of papers in this *Journal* on the seasonal variation of suicide in males and females. In general, the papers (Meares *et al*, 1981; Nayha, 1982; Parker & Walter, 1982) find a spring peak for males and spring and autumn peaks for females.

I should like to note that in the *Journal* (Lester, 1971), I reported on the seasonal variation in suicidal deaths in the USA and found a variation over the months of the year that was significant for males, for those using active methods of suicide and for those aged 55 and over, but not for females, those using passive methods, and those aged 15–54. In a later article (Lester, 1985), I found the Spring peak for most methods of suicide, but the Autumn peak only for those using poisons.

Since the shape of the seasonal variation may vary with method for suicide, and age, as well as sex, these other variables must be controlled for before we can conclude that the sex difference is a reliable and valid phenomenon.

DAVID LESTER

Stockton State College
Pomona, New Jersey 08240

References

LESTER, D. (1971) Seasonal variation in suicidal deaths. *British Journal of Psychiatry*, **118**, 627–628.

—— (1985) Seasonal variation in suicidal deaths by each method. *Psychological Reports*, **56**, 650.

MEARES, R., MENDELSOHN, F. & MISROM-FRIEDMAN, J. (1981) A sex difference in the seasonal variation of suicide rate. *British Journal of Psychiatry*, **138**, 321–325.

NAYHA, S. (1982) Autumn incidence of suicides. *British Journal of Psychiatry*, **141**, 512–517.

PARKER, G. & WALTER, S. (1982) Seasonal variation in depressive disorders and suicidal deaths in New South Wales. *British Journal of Psychiatry*, **140**, 626–632.

Lithium in Resistant Depression

DEAR SIR,

In their carefully presented paper, Drs Schrader and Levien (*Journal*, November 1985, **147**, 573–575) have not in our view proved their point.

Could not the improvement have been the result of giving the lithium carbonate alone independently of whatever had previously been administered to the patient?

SAMUEL I. COHEN
B. A. JOHNSON

The London Hospital Medical College
Turner Street, London E1 2AD

CORRECTION

In the paper by Drs Birtchnell, Lacey and Harte 'Body Image Distortion in Bulimia Nervosa' (*Journal*, November 1985, **147**, 408–412) the paragraph on page 410 referring to Table IV should read as follows:

As is illustrated by Table IV, the distortion of body perception in bulimics increased with deviation of weight index from 100%. The statistical comparisons that follow were made between the heavier intermediate group and the heaviest groups with the lighter intermediate group (normal weight index 95–105%) rather than the lightest group as published.