

different from the monthly distribution of suicidal deaths due to poisons. They reported that the undetermined and accidental deaths due to poisons showed no monthly variation, but that suicidal deaths due to poisons peaked in May.

The present study sought to replicate this finding in the USA and to examine differences for different poisons. Deaths due to poisons in the USA are classified as due to solids and liquids and as due to gases and vapors. Undetermined deaths due to poisons are not classified in the USA data.

Data for the year of 1970 were obtained from the *Vital Statistics of the United States, 1970*. The mean number of deaths per day for each month from each of the officially defined causes is shown in the Table below.

The seasonal variation in suicide differed for poisoning by solids and liquids and for poisoning by gas ($\chi^2 = 33.75$, $df = 11$, $P < 0.001$). Suicidal deaths due to solids and liquids peaked in May and September, whereas suicidal deaths due to gas peaked in February and October.

The seasonal variation in accidental deaths due to drugs/medicaments/other solids/liquids also differed significantly from that due to gases and vapors ($\chi^2 = 430.59$, $df = 11$, $P < 0.001$). Accidental deaths due to solids/liquids had a trough in February to March, whereas accidental deaths due to gases and vapors had a trough in June to September.

The seasonal variation in poisoning deaths as a whole by accident and by suicide also differed significantly ($\chi^2 = 101.23$, $df = 11$, $P < 0.001$). Suicidal

deaths peaked in March to May and September. Accidental deaths peaked in November to January.

These results support those of Barraclough and White, namely that accidental deaths due to poisons have a different seasonal variation than suicidal deaths due to poisons. The present study found, in addition, different seasonal variations for different types of poison. The present study supports, therefore, the conclusion of Barraclough and White that accidental deaths due to poison are not concealed suicides.

DAVID LESTER

*Richard Stockton State College,
Pomona,
New Jersey, USA*

References

- BARRACLOUGH, B. M. & WHITE, S. J. (1978a) Monthly variation of suicidal and undetermined death compared. *British Journal of Psychiatry*, **132**, 275–8.
- (1978b) Monthly variation of suicidal, accidental and undetermined poisoning deaths. *British Journal of Psychiatry*, **132**, 279–82.

The Claybury Selection Battery Manual

DEAR SIR,

We wish to comment on the review of the above by Paul Kline (*Journal*, January 1983, **142**, 108). His comments are quite misleading. He states that “little evidence for validity is presented and group scores are based on very small numbers”. However, of the 21 groups involved in this aspect of validation some are over 80 and the average size is 35. Other validation studies reported in manual include large samples of

TABLE

Monthly variation of suicidal and accidental deaths in the USA in 1970 for different poisons. Number of deaths per day

	Suicides by poisoning		Accidental deaths by poisoning		
	Solids/liquids	Gas	Drugs/medicaments	Other solids/liquids	Gases/vapors
January	10.1	6.6	7.0	3.3	10.1
February	10.4	8.1	5.2	2.7	6.5
March	10.7	7.8	5.1	2.6	6.7
April	11.5	7.8	6.4	2.9	3.7
May	12.0	7.1	6.9	3.5	3.2
June	10.7	6.5	7.3	3.4	1.8
July	10.5	5.8	7.0	3.6	1.9
August	11.5	5.7	8.1	2.9	1.6
September	12.9	6.1	7.6	3.1	1.4
October	11.2	8.1	7.1	3.2	4.4
November	11.4	7.1	7.4	3.1	5.9
December	10.0	6.9	7.3	4.3	6.2

psychiatric patients and report a high correlation with a criterion measure.

The material presented in the selection battery manual is based on an extensive body of data reported in two books to which reference is made.

University College Hospital,
London, WC1

University of Nottingham

Napsbury Hospital,
St Albans

T. M. CAINE

D. J. SMAIL

D. A. WINTER

CORRIGENDUM

Tourette-like Syndrome after Long Term Neuroleptic Drug Treatment. *Journal* (1982), 141, 191–3.

The name of the staff neurologist, Dr Gerhard Nellhaus, who was cited as having characterized the tic-like nature of the abnormal movements and initiated haloperidol treatment, was inadvertently omitted in the final version of this manuscript.

JONATHAN MUELLER

University of California,
San Francisco,
USA

Book Reviews

Practice and Precept in Psychoanalytic Technique: Selected Papers of Rudolph M. Loewenstein. New Haven and London: Yale University Press. 1982. Pp 240. £17.50.

This book contains a selection of the writings of the late Rudolph Loewenstein, a highly respected theoretician, clinician and teacher of psychoanalysis, perhaps best known in this country for his collaboration with Heinz Hartmann and Ernst Kris. The collection will be welcomed by specialist psychotherapists. He combines a meticulous search for theoretical clarity and precision with a plea for tact and respect in relation to the individual patient, and in addition for a recognition of the limitations of our current theoretical concepts. He reminds us that this position need not make us defensive but should rather lead to new insights and to progress. His well-considered technique is illustrated with detailed clinical material, particularly when considering his major interests—resistance, interpretation and the management of the transference.

Several papers would make very useful reading for seminars for reasonably informed trainees. They clarify the structural theory and its relevance in clinical practice, explaining an important shift in emphasis brought about by ego psychology. Another chapter entitled 'A Contribution to the Psychoanalytic Theory of Masochism' will already be familiar to many, as a key contribution to this area. It is wide-ranging, discussing the relation of passivity and of femininity to masochism, the masochistic character and perversion, and he describes childhood behaviour which he feels might appropriately be called proto- or pre-masochistic. The chapters on 'The Silent Patient' and 'The Role of Speech in Psychoanalytic Technique' contain some

original and stimulating thoughts and provide pointers for further investigation and conceptualization.

The papers remind us usefully to reconsider the way we practise, and any rationale we may have developed for the variations in technique which do not place verbalization at the centre of the process of treatment.

SHEILAGH DAVIES, *Consultant Psychotherapist, Royal Free Hospital, London*

Measuring Social Life Feelings. By KARL F. SCHUESSLER. London: Sage Publications. 1982. Pp 183. £16.50.

This book describes how to construct a questionnaire to beat all previous questionnaires. It cannibalises scales constructed by sociologists in the 1960's who were mostly trying to study theoretical notions as anomie. Schuessler criticises these instruments for their lack of standardisation and their doubtful validity, and intends that his single reliable instrument should be a resource for all future researchers.

The book describes, in meticulous detail, the selection of the 237 items in the questionnaire, the factor analytical procedures used to derive the social life feeling scales, and tests of their reliability and validity. Some preliminary findings are reported about the influence of sociodemographic factors on these feelings and on patterns of response bias.

Factor analysis threw up twelve scales which were then given meanings suggested by the loading of items on the scales. Schuessler thus deliberately avoids the theoretical approach of his forerunners who would define a concept and then invent a scale to measure it.