

probabilistic data on outcome is recklessness to be assessed?

No, we still feel that with a few minor and specific exceptions self-poisoning cases are better considered as a single group, and we prefer the concept of parasuicide. At a second stage, description of intent can and perhaps must be tried. It now seems to us that intention is likely to be multidimensional rather than categorical, but in any event it is too complex and intangible to serve in a definition, however important in clinical assessment or in research.

As for who should be involved in treatment, that, as they say, is a whole new ball-game.

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DEAR SIR,

That 'attempted suicide' is an unsatisfactory label has long been evident but, as parasuicide has come

into such general use, I doubt the helpfulness of coining a new term. Pseudocide is a term that is best limited to deliberately faked suicide (1), as e.g. in Philadelphia where there is a bridge on which piles of clothes and suicide notes are found with such frequency that they have been given the nickname 'Philadelphia divorce'.

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Reference

1. SHNEIDMAN, E. S. & FABEROW, N. L. (1957) *Journal of General Psychology*, 56, 251.

A CORRECTION

In the article by John Bancroft and Pamela Marsack published in the October 1977 issue (131, 394-9) there is a printer's error on page 395, 2nd paragraph, right-hand column. The first sentence should read 'These 690 persons have been responsible for 922 incidents during the two-year period, i.e. 232 repeats.'

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