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IN THIS ISSUE

This issue features groups of papers dealing with nosology of depression and psychoses, biology of depression, structural brain MRI in schizophrenia and autism, together with papers on other topics.

Nosology of depression

In the lead Invited Review, Parker (pp. 467–474) reviews the DSM concept of major depression, criticizes its value, and argues that the time has come to move beyond it. Aggen *et al*. (pp. 475–487) report an empirical study of DSM-III-R major depression criteria, using latent trait item-response methods. They find a reasonably coherent unidimensional scale of liability, but with some deficiencies, and find quantitative item-response scales superior in predicting relevant outcomes and estimating twin model parameters. Slade & Andrews (pp. 489–497), studying latent structure of depression in the community, also argue for a quantitative approach, and conclude that depression in this context is best regarded as a continuously distributed syndrome rather than a discrete diagnostic entity. Murray *et al*. (pp. 499–510) report a classificatory study of schizophrenia and affective psychoses. Using two different approaches, one dimensional employing factor analysis, and one a categorical latent class analysis, they obtained very similar findings, with four dimensions or groups, corresponding to reality distortion, disorganization, depression, and mania.

Biology of depression

Three papers report biological studies of depression. Joyce *et al*. (pp. 511–517) find depressed patients with a diurnal pattern of evening worsening have a higher ratio of plasma tryptophan to large neutral amino acids, different 5-HT transporter allele frequencies, poorer response to a serotonergic antidepressant, and lower frequency of bipolar II disorder, than those with morning worsening. In a study of serotonergic responses in normals, Manuck *et al*. (pp. 519–528) find community normals residing in areas of lower socio-economic status to have blunted prolactin responses to fenfluramine, compared with those in more affluent neighbourhoods. Sachdev *et al*. (pp. 529–538) find that low serum folic acid and high homocysteine are correlates of depressive symptoms in community-dwelling middle-aged individuals. In a further study of depression, using a different, psychological approach, Park *et al*. (pp. 539–548) find self-devaluation to predict persistence of depression in depressed adolescents.

Structural imaging

Suzuki *et al*. (pp. 549–560), using structural MRI, find schizophrenic patients to have decreased cingulate grey matter and amygdala volumes than normal controls, and find more severe Schneiderian first-rank symptoms in the patients associated with smaller volumes of right posterior cingulate grey matter and left anterior parahippocampal gyrus. Palmen *et al*. (pp. 561–570) find increased volume of grey matter, but not white matter, and a disproportionate increase in ventricular volumes, in high-functioning children with autism spectrum disorder, compared with age-matched controls.

Additional papers

Watkins *et al*. (pp. 571–582) report cognitive deficits in fronto-striatal tests in both Tourette's syndrome and obsessive–compulsive disorder subjects, without impairment in tests of planning. Spence *et al*. (pp. 583–593) report development and factor structure of a new questionnaire, the Behavioural Responses to Illness Questionnaire (BRIQ), with good reliability, and validation by prediction of irritable bowel symptoms after an infection.