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SIR: The recent paper by Dr Birchwood *et al* (*Journal*, December 1992, **161**, 783–790) purported to show a better outcome for Asians with schizophrenia, as compared with white and Afro-Caribbean patients. They examined rates of hospital readmission in the year following discharge for patients known to have remained resident within the area, and found these rates to be 3 out of 19 for Asians, 17 out of 35 for Afro-Caribbeans, and 14 out of 47 for whites. They then proceeded to do a 3 by 2 χ^2 test, which was statistically significant, and reached the conclusion that this showed Asian patients to have a better outcome.

The significant χ^2 test, however, does not indicate this at all; merely that there was a significant difference between the three groups. Indeed, if one carries out a 2 by 2 χ^2 test comparing Asian patients with Afro-Caribbeans and whites combined, there is no significant difference between these groups. On the other hand, if one compares Afro-Caribbeans with Asians and whites combined, there is a significant difference between the groups ($\chi^2 = 4.36$, $P < 0.05$).

Therefore, the most sensible conclusion from the data would be that Afro-Caribbean patients show a poorer prognosis than do the other two ethnic groups. Given that the Afro-Caribbeans in this study were less likely to be discharged to live with their families, the finding does not refute the authors' contention that social reintegration may be a protective factor in the prognosis of schizophrenia. However, as with the higher rates of unemployment among the Afro-Caribbeans at follow-up, the absence of social reintegration may be a result rather than a cause of continuing schizophrenic symptoms.

While the authors do not, in my view, reach the right conclusions from their data, and while the great majority of the paper relates to possible psychosocial influences upon outcome, it is heartening that they acknowledge the possibility that there may be genuine differences in the severity of schizophrenia between different ethnic groups.

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AUTHORS' REPLY: Our study of the early course of schizophrenia among patients from the Indian subcontinent living in the UK replicates closely the results of Dr Gupta (1991) (whose study appeared after our paper entered the review process) in finding a lower rate of relapse readmission compared to other groups. As we were at pains to point out in our paper, we offered our study as exploratory and hypothesis-generating; thus we have no difficulty in suggesting that the results may be accounted for by service underuse ('the camouflaging hypothesis'), or by differences in progression of illness before first contact influencing subsequent relapse risk. Similarly, the size of the sample studied leads us to conclude that we shall have to double our sample size of Asian patients to at least 40 to test the hypothesis in a prospective study. Such a study must be epidemiologically based; centre-based matched samples could distort any effects as Dr Perera indicates.

Dr Perera observes rightly that immigrants tend to be at greater risk for serious mental disorder than indigenous groups, thus complicating the testing of differential course and outcome hypotheses. However, we would be predicting a more *favourable* outcome among Asian groups, and not a worse one as might be expected if factors raising morbidity were at play in prognosis. What is of interest to us are the *correlates* of ethnicity rather than any 'endogenous' differences to which Dr Eagles refers, although such a possibility cannot be discounted.

The recent report from the WHO's two-year follow-up of schizophrenic patients taking part in the ten-country first-contact study (Jablensky *et al*, 1992) confirms previous findings that the early course of schizophrenia in developed countries is markedly inferior to those living in the less industrialised nations: in spite of greater use of neuroleptic medication and better service infrastructure. Mode of onset, gender, illicit drug use, and clinical presentation could not account for this effect. These findings suggest that the concept of schizophrenia as the manifestation of an entirely malignant process is incomplete. We agree with the views of Dr Gupta that a study of Asian patients in the UK has important implications for public health and policy, but it also presents researchers in the UK with important opportunities for research on these issues.

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