Dr. Parnas Replies

Ms. Shinkwin's letter concerning my report on assortative mating in schizophrenia raises a simple but important issue. However, her alternative explanation of assortative mating is not consistent with my data. The schizophrenic mothers met their mates on average 7.7 years (s.d. 8.9) *prior* to their first hospitalisation for schizophrenia. Only in 17 cases was a schizophrenic women first admitted prior to meeting her mate. Four of these women's mates were hospitalised for psychiatric reasons. In none of these four instances did a mating occur because of shared contact within the same treatment facility. In addition, there was no difference between the hospitalisation rate among mates of schizophrenic women and their controls.

JOSEF PARNAS

Psykologisk Institut,
Kommunehospitalet,
1399 Copenhagen K,
Denmark

DST, Endocrines and Loss of Weight

DEAR SIR,

Fichter & Pirke's report (*Journal*, July 1985, **147**, 94–95) that starvation reproduces some of the neuroendocrine changes of depression is of itself not evidence that the neuroendocrine changes in depression are due to a smaller reduction of calorie intake. To make that point Fichter & Pirke should reproduce the neuroendocrine changes of depression in normal subjects whose diets correspond more closely to those of a depressed patient.

STUART CHECKLEY

Bethlem Royal Hospital,
Monks Orchard Road,
Beckenham, Kent BR3 3BX

Schizophrenia with Good and Poor Outcome

DEAR SIR,

Kolakowska *et al* studied the relationship of prognosis of schizophrenic patients and putative measures of organicity (computed tomographic brain scan, neuropyschological assessment of cognitive function and neurologic soft signs examination). They concluded that "organicity" is not necessarily associated with poor long-term prognosis and does not identify a clinically distinct subtype of schizophrenia (*Journal*, March 1985, **146**, 229–246 and April, 1985, **146**, 348–357).

Their data may warrant another interpretation. They report that normal ventricular-brain ratio (VBR) and relatively unimpaired cognitive function were characteristic of patients with good outcome. However, there was no difference in soft signs prevalence in patients with good, intermediate or poor prognosis. Thus the only "organic" parameter which was not correlated with prognosis as predicted, was the presence of neurological soft signs. Kolakowska *et al* performed the examination while 90% of their patients were receiving neuroleptics. They suggest that there was no relationship between current dose of neuroleptic and soft signs. However, it is possible that for some patients there is a low threshold for neuroleptic induction of soft signs. This may have undermined the utility of the soft signs examination.

Our data suggest that neuroleptics may obscure the difference in number of soft signs observed in sub-types of schizophrenia. We examined 86 schizophrenic patients who were off medication for a minimum of 10 days. The 27 process schizophrenics characterised by premorbid asociality had more soft signs than a group of non-process schizophrenic patients (1). There was a correlation between presence of soft signs, IQ, and the Hain's score on the Bender-Gestalt Test (1,2). The association of soft signs and diagnosis was not observed when the examination was done on patients receiving neuroleptics (1,2). This was attributed to the fact that non-process schizophrenics who were receiving medication had a mean of 2 soft signs (42 signs in 21 patients), whereas non-process schizophrenics off medication had a mean of .89 soft signs each (53 signs observed in 59 patients). Since early prescription of neuroleptics was determined by clinical state, an alternate interpretation is that more severely ill patients, who were closer to the process end of the spectrum, required early intervention with medicine. We view this interpretation as unlikely for the following reasons. Diagnosis was determined by a rater blind to drug treatment status. The ratio of process to non-process schizophrenic patients examined on and off medicine was roughly equal (1:2). If process schizophrenics were more likely to have early prescription of medication, it is unlikely that the ratio of process to non-process schizophrenics in the treated sample would be the same as the untreated sample.

The fact that the neuroleptics may have "caused" the soft signs observed by Kolakowska *et al* is not surprising if we consider that dysarthria, impaired hopping and foot tapping were among the most commonly observed signs in their study. These were relatively rare in our untreated patient sample. In fact, of the 5 most common soft signs observed by

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