probability of the act being discovered by others, writing of a suicide note, whether the patient's last visit to the general practitioner was for psychiatric or medical reasons, the nature of the precipitating stress and psychiatric diagnosis.

On the remaining items, however, the self-mutilators were more significantly represented ($P < 0.05$):—alcohol used before self-injury, previous history of self-injury, impulsiveness of the act (defined by the patient not having contemplated the self-injury for more than two hours), contact with general practitioners and psychiatrists within one month of the act, previous psychiatric referral, evidence of personality disorder, and contact with the Samaritans (see Table).

Our results, therefore, show that despite their similarity on a number of items, the self-mutilators are a more unstable group than the overdose-takers. It also supports the general impression that as a group they are more often refractory to therapeutic intervention.

With regard to the Samaritans, our results for the overdose-takers are substantially similar to those of Greer and Anderson (1979).

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Percentages on items significantly separating self-mutilators and overdose-takers ($P < 0.05$)

	Alcohol use before self-injury	Previous self-injury	Impulsiveness of self-injury	GP contact one month	Psychiatric contact one month	Previous psychiatric referral	Personality disorder	Samaritan contact
Overdose-takers (N = 100)	42	44	70	47	18	46	42	7
Self-mutilators (N = 30)	67	73	90	67	43	70	67	27

CORRECTION

In the letter from Drs Spear and Mehta (*Journal*, November 1979, **135**, 483) right-hand column, second table, detainees in 1977 should read 128.

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