the psychiatric and associated services in follow-up studies (Tyrer & Seivewright, 1988).

The debate between the dimensionalists and categorists in relation to the classification of personality is on-going. For ease of communication, a categorical approach is used clinically. The PAS, an instrument derived from clinical practice rather than theory, conforms to this, and offers the option of both categorical and dimensional diagnoses.

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## Is diazepam an antidepressant?

SIR: Regarding the points raised by Douzenis et al and O'Shea (Journal, February 1990, 156, 279), atypical depression in our study was operationally defined, as in studies by other research groups, and was a diagnostic category in DSM-III. The Hamilton Depression Rating Scale (HDRS) was not used as a diagnostic instrument but was used to rate depression after diagnosis. The analysis of individual items from the HDRS was effected to try and separate items which reflect depression change from those that may reflect only anxiety change. The surprise was the persistent significant improvement with diazepam in HDRS items related to depression only.

It was not suggested in our paper that all depressions will respond to benzodiazepines. It may well be that some disorders which are currently referred to as 'depressions' may be more appropriately classified as anxiety disorders, despite prominent lowered mood.

It was noted in the paper that moclobemide had been an effective antidepressant in a variety of studies. When the study was initiated it was expected that diazepam would not produce sustained reduction in the HDRS, especially not in items that are unrelated to anxiety. Following these unexpected

results we made a further literature search which showed that, contrary to the common understanding, benzodiazepines, especially in higher doses, may help some depressions. The trial was unable to distinguish if both moclobemide and diazepam were effective or not, hence the speculative nature of the title. These results highlight the problems of not having a true placebo in such studies.

The report was not intended to exhort clinicians to prescribe benzodiazepines for depression. Rather, the report was to discuss the possibility that benzodiazepines, in adequate doses, may relieve some depressions, and to open that as an area for further objective investigation.

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## Suicide in Hindu women

SIR: Soni Raleigh et al (Journal, January 1990, 156, 46-50) suggested that suicide by burning is common in Hindu women in India, deriving possibly from the medieval practice of suttee in parts of India. Although suicide by burning and suttee are related in India, the authors did not mention how this is so.

If we consider women in India in their real cultural and physical context, factors other than suttee appear to have greater influence on the choice of method for committing suicide. Most people in India, either because of their level of education or general knowledge, are not aware that an overdose of tablets would kill a person. The general attitude is that only a poison can kill someone and this is why there are many incidents of self-poisoning by pesticides and insecticides. Furthermore, looking at the home environment shows that most people in India still use kerosine for cooking and lighting purposes, making its presence ubiquitous. Most of the suicides by burning use kerosine. In addition to this, the exposure in society to the news that someone has committed suicide by burning herself reinforces or validates the method for others.

I should also mention one more point. When Indians emigrate, they tend to stay segregated as a group, not mixing much with the natives for several reasons. One of these is that, although they live in a foreign country physically, they tend to live in India psychologically. This is how ideas regarding suicide