

Tait, R. J. & Hulse, G. K. (2006) Hospital morbidity and alcohol consumption in less severe psychiatric disorder: 7-year outcomes. *British Journal of Psychiatry*, **188**, 554–559.

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Authors' reply: Since our study had an observational design, with participants not randomised into groups, we adopted a cautious approach to interpreting findings, and there is the possibility that confounding factors might account for the effect. Questions have now been raised concerning the previously well-accepted belief that moderate alcohol consumption confers protection against ischaemic heart disease, with the possibility that either uncontrolled confounding or unmeasured effect modification in observational studies may account for the purported protective association (Jackson *et al*, 2005). Therefore, we welcome the suggestion of Dr O'Connell that personality differences may partially account for the difference in outcomes for non-drinkers and moderate drinkers, which increases the plausibility of our findings. Nevertheless, we reiterate the need for a conservative approach when interpreting non-experimental data.

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Chronomics of suicides and the solar wind

Salib & Cortina-Borja (2006) report an association between month of birth and suicides and this complements findings concerning the season of death in Minnesota. Along the scale of a calendar year, suicides peaked in April to June, which was later than mortality from heart disease and earlier than mortality from accidents. Our

results from another continent, with a mid-continental climate, encourage generalisation to people born outside England and Wales. Both studies stacked data, at the outset of analyses, along the scale of the calendar year (Halberg, 1973) or as monthly counts (Salib & Cortina-Borja, 2006), a limitation subsequently remedied by focus upon broader chronomes (Halberg *et al*, 2005).

In unstacked data, chronomics resolves (along with trends and deterministic or other chaos) a spectrum of rhythms with many frequencies, in various fields (Halberg *et al*, 2001), including cis- and transyears, shorter or longer than a year (Halberg *et al*, 2005).

Richardson *et al* (1994) reported a periodicity of about 1.3 years for the speed of the solar wind measured by satellites. We found the same and other components of non-photic origin in physiological variables such as blood pressure and heart rate, each studied around the clock for up to decades (Halberg *et al*, 2001). Such components,

also confirmed in the sigma of the speed and the proton content of the solar wind are variable, both in biomedicine and in physics, but they deserve the attention of those concerned with behaviour and can be revealed to the naked eye if the stacking is done after rather than before chronomics. The task remains to compare, before stacking, the chronomes of suicides at birth *v.* death on the same population and thereby to examine any contributions of space weather, among others, to a fatal as well as fetal hypothesis (Salib & Cortina-Borja, 2006), as attempted in Fig. 1, albeit with data from different populations.

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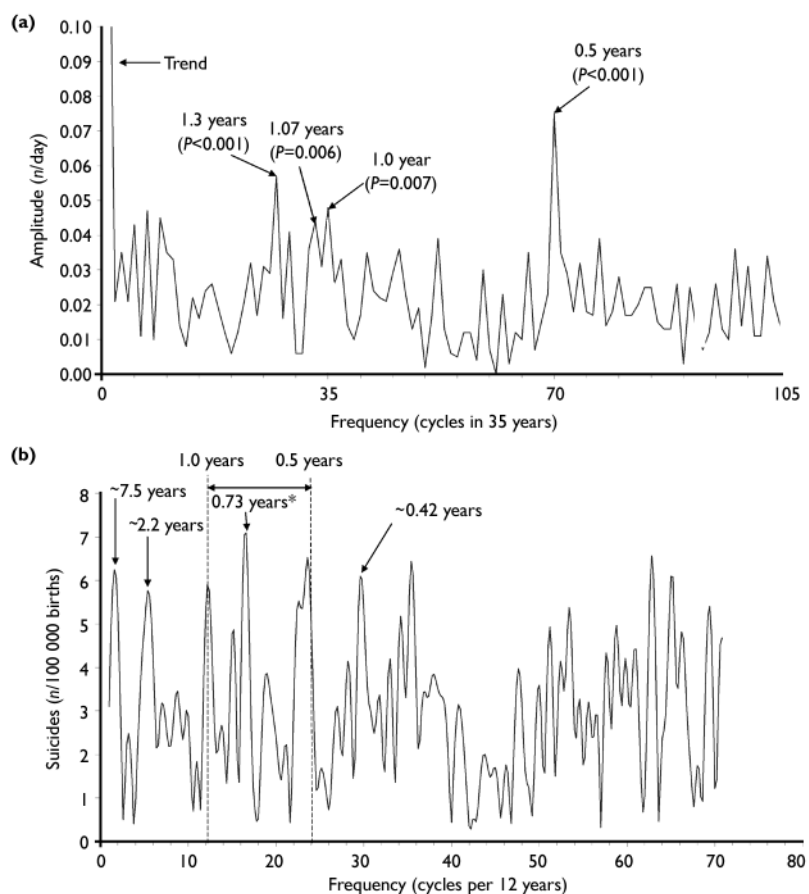


Fig. 1 (a) Suicides in Minnesota according to calendar date of death (1968–2002); (b) suicides in England and Wales according to calendar month of birth. *Validated non-linearly: period=0.727 years (95% CI 0.703–0.751). Data from Salib & Cortina-Borja (2006).

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Salib, E. & Cortina-Borja, M. (2006) Effect of month of birth on the risk of suicide. *British Journal of Psychiatry*, **188**, 416–422.

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Authors' reply We are pleased that Cornélissen & Halberg find that our recent association of month of birth and suicide complements their earlier findings in Minnesota. However, they regarded the use of stacked data, at the outset of analysis, as monthly counts as a limitation which they claim can be remedied by focus upon broader chronomes.

In their analysis of suicides in Minnesota from 1968 to 2002 they claimed to have confirmed the concept of transyears, both a near-transyear and a far-transyear. They also claimed to have found the 1-yearly component to be bigger in the longer dataset (Halberg *et al*, 2005). They also reported a 20-year cycle in Minnesota suicides, which is not dissimilar to what they believe exists in many other phenomena of psychiatric interest such as religiosity, wars and crime. Halberg *et al* (2005) stated that the 'photic and thermic calendar year which have been the main focus in suicide research, should now be extended to include not just the effect of seasons but magnetoperiodisms, including the newly discovered near-transyear.'

Cornélissen & Halberg are therefore interested in looking at the data from England and Wales to investigate not only whether transyears can be aligned with calendar-yearly components, but also whether during the span examined the calendar year or the transyear is larger in

amplitude. Interestingly they have made almost identical comments regarding another study on autism (Bolton *et al*, 1992). We are not sure whether they had access to the unstacked data for autism and month of birth, and if so what was the outcome of their analysis?

Providing that we have definitive evidence to substantiate the above claims, we agree that it would be most interesting to compare, before stacking, the chronomes of suicides at birth and death on the same population.

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One hundred years ago

Alcohol amnesia

In the *Journal of Abnormal Psychology* for August, 1906, Dr. Isador H. Coriat, of Boston, discusses the experimental synthesis of dissociated memories in alcoholic amnesia. In this condition the lost memories are merely subconscious, and during a distraction or inhibition of the upper consciousness may come to the surface and occupy a place in the conscious mental life. This emergence of lost memories occurs in dreams or in delirious or hallucinatory states; it may also be attained by means of proper experimental methods, such as hypnosis, or by the experimental distraction method (hypnoidal) of Sidis. This last method has been employed by Dr. Coriat, and has yielded useful results in the experiments which he records. His first case was admitted to hospital suffering from delirium tremens. On recovery it was found that the patient had a sharply localized amnesia, from noon of one day to the morning of the next. The experiment was made in a quiet and somewhat darkened room; no leading

questions were asked, and the only suggestion made to the patient was that he must try and fill up the blank period. "The patient was asked to close his eyes and to listen intently while a magazine clipping relating to the Monroe doctrine was read to him, the reading occupying about three minutes." He was then told to open his eyes and say what events had come into his mind. He immediately replied, "I have it all now," and then proceeded to recall the sequence of events which he had previously forgotten. In a second case of a similar nature reading experiments were again tried. The first was unsuccessful, but the second produced a partial return of memory; a complete restoration of memory could not be brought about, although further experiments were attempted. In the third case of alcoholic amnesia reading methods proved unsuccessful, and as a substitute for these the patient was ordered to listen for three minutes to the tick of a stop watch. This treatment was adopted on four occasions, and resulted in a partial restoration of

memory. In Dr. Coriat's fourth case the extremely monotonous sound stimulus of the stopwatch was again applied. Three trials were made, and memory was restored in isolated patches, which afterwards were connected and fused together in chronological order. Dr. Coriat observes that in the deep-seated amnesias the accurately gauged form of stimulus provided by the stopwatch is more efficacious than the reading method for inducing the hypnoidal state. We congratulate Dr. Coriat on discovering a new application of the Monroe doctrine. He has shown it to be a useful restorative for alcoholics, though with a scientific candour which transcends patriotism he admits that it is less stimulative than the ticking of a stopwatch.

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