3. One claim for the 'deliberate self-poisoning' term is that it is based on objectively demonstrable behaviour and not on the inferential judgement of the psychiatrist, yet, as 2 above indicates, this claim is too sweeping and it is probably impossible to eliminate all assessment of motivation. Moreover, the deliberateness of the act also requires evaluation by the physician.

4. The terms proposed are long and clumsy, especially if one wishes to refer to the whole group of 'attempted suicides' (presumably as 'deliberate self-poisoning and self-injury').

5. The omission of all references to suicide, while historically understandable, neglects the very real association that exists between 'attempted suicide' and 'completed suicide'.

What, then, is our alternative? It appears that what is required is a term for an event in which the patient *simulates* or *mimics* suicide, in that he is the immediate agent of an act which is actually or potentially physically harmful to himself. Yet the 'attempted suicide' patient is not usually addressing himself to the task of self-destruction, and rarely can his behaviour be construed in any simple sense as oriented primarily towards death. To designate this act, which is like suicide yet is something other than suicide, we now propose the term 'parasuicide'. (The O.E.D. defines the prefix 'para' as 'by the side of' but also gives 'irregular, disordered and perverted' as additional meanings).

For clarity we must confirm that we are not proposing how parasuicide should be diagnosed, nor even offering at this point a full definition. We are also aware that other terminological difficulties in the field of suicide studies remain to be resolved, and that the adoption of our proposal would raise the question of whether 'attempted suicide' should serve for those patients to whom the phrase really applies or be dropped altogether.

All the same, 'parasuicide' seems to be an advance on existing terms. Before adopting it and possibly making a confused situation worse, however, we feel a duty to ascertain the views of our colleagues and trust that through the courtesy of your columns their opinions can be canvassed.

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AN UNUSUAL SEX CHROMOSOME MOSAICISM

DEAR SIR,

I wish to report a case of the unusual sex chromosome mosaicism 47XYY, 48XXYY, 49XXXYY in a subnormal man aged 22, who was discovered in a study of outstandingly tall in-patients in a hospital for the mentally subnormal.

A Caucasian, he was an illegitimate child and no details of his parents are obtainable. He walked at 2 years and talked at 3 years and he attended an ordinary school to the age of 7 and a special school until he was 15. He has a history of indecent behaviour and fire-raising, and intermittently he has shown evidence of delusions and hallucinations. On the Wechsler Adult Intelligence Scale his full scale intelligence quotient is 53. He is tall, height 182 cm., (73 inches), weight 60 kg. (132 lb.). His head appears small, with a cranial circumference of 52 cm. He is of asthenic physique, with small testes, gynaecomastia and scanty pubic and axillary hair. His skull X-ray shows a bulky mandible and prominent supra-orbital ridges. The pituitary fossa is normal. Electroencephalography shows no abnormality. His excretion of 17 ketosteroids is 1 mg./24 hours and excretion of 17 hydroxycorticosteroids less than 1 mg./24 hours (normal ranges, 17 ketosteroids 5–28 mg./24 hours, 17 hydroxycorticosteroids 5–21 mg./24 hours). Dermatoglyphs show axial triradii on both palms in a more proximal position than the normal, with narrow atd angles of 35°. His fingerprints are ulnar loops except for whorls on the left ring finger (IV) and on the right index (II), middle (III) and ring (IV) fingers.

Forty-two per cent. of cells in the buccal smear were chromatin positive. Seven drumsticks were counted amongst 300 neutrophils in the blood film. Peripheral blood culture revealed cell lines with 47 and 48 chromosomes and analyses showed complements of 47XYY and 48XXYY respectively. One cell had a chromosome count of 49, and analysis showed a sex chromosome complement XXXYY.

This man presents a combination of the mental and physical features of Klinefelter's syndrome and the XYY man.

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