This is an innovative study exploring a dysfunction that may be crucial in schizophrenia. The paradigm used seems appropriate for the study of prospective memory. The paper is concise and clearly written. However, the results appear to be limited by a ceiling effect in controls. Besides, a possible relationship with positive symptoms is not investigated.

**Introduction**

p.5: It should be explained more clearly that there were four possible errors: two "action" errors (omission to carry out the PM act, and repetition of PM response), and two "evaluation" errors (failure to report that PM has been carried out, and saying "yes" when no PM response was made). The specific hypothesis concerning the expected pattern of impairments in patients should be stated.

**Method**

It would be useful to have the level of psychoticism in patients (SAPS or PANSS), as it is expected that these types of errors would occur especially in patients with positive symptoms.

**Results**

The results concerning evaluation errors seem to stem from an artefact: controls made fewer omissions to carry out the PM act, so they had fewer opportunities to make yes (no) responses. In fact, the controls had basically no omissions errors, so they could not make yes (no) responses. For example, if the controls made overall 10 omissions to carry out PM, and 5 "yes"(no) responses, this would indicate that 50% of the missed acts were reported as real. If the patients made 40 omissions to carry out PM, and 20 "yes"(no) responses, they would demonstrate exactly the same rate of reporting as real an act that they have in fact omitted to perform. However, group comparisons of "yes"(no) responses would erroneously suggest a major deficit in patients. The
variable of interest should be the ratio Number of "yes"(no) responses out of the number of omissions to perform the PM act. Controls made in average .02 yes(no) responses out of .04 omissions, and patients made in average .14 yes(no) responses out of .32 omissions. So the rate appears to be quite similar in both groups. This flaw is acknowledged in the discussion, but it seems to invalidate the main conclusion that more internal monitoring errors are observed in patients. The data are inconclusive. A more demanding task should be used, so that omission errors would also be observed in the control group.
Likewise, elimination of group difference in yes(no) responses after controlling for backward digit span or current IQ is likely to be an artefact of elimination of group difference in omissions. It would have been interesting to see whether the yes(no) responses were associated with hallucinations.

**Competing interests:***

None declared.