

funding for bipolar disorder are of greater impact. Clement *et al* examined citations in 5-year periods from 1966 to 2000. However, examination of Medline citations on an annual basis between 1996 and 2002 shows that the relative difference between research in bipolar disorders and schizophrenia may be becoming smaller. It appears that this has not been driven by a change in priorities of public funding bodies but rather by the presence of a private organisation, the Stanley Medical Research Institute, which funds approximately half of all US studies in bipolar disorder and has provided US\$130

million for research since its inception in 1989. This timely report by Clement and colleagues should serve as a rallying call to governments and charitable funding bodies to give bipolar disorder the priority it demands.

Declaration of interest

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One hundred years ago

Insanity from hasheesh (extract) by John Warnock, MD, Medical Director, Egyptian Hospital for the Insane, Cairo

In the report for the year 1899 of the Bengal asylums, it is stated that 45 out of 220 cases admitted were due to the use of Cannabis Indica.

In Egypt, statistics are available since the year 1895. During the six years 1896–1901, out of 2564 male cases of insanity admitted to the Egyptian Asylum at Cairo, 689 were attributed to the abuse of hasheesh, *i.e.*, nearly 27 per cent. Very few female patients used hasheesh, and it is noteworthy that insanity is more than three times as common among the hasheesh-using sex as among women, who, comparatively, seldom use the drug.

I think this difference in the insanity rate between the sexes is significant, and goes a long way to prove the importance

of hasheesh as a cause of insanity among Egyptian men. Let it also be remembered that in England insanity is more frequent among women than among men (35 to 31).

My experience does not confirm the Indian Commission's belief that Cannabis Indica only *sometimes* causes insanity. In Egypt it *frequently* causes insanity. As to whether excessive use of hemp drugs is commoner here than in India I can give no opinion, but many thousands use it daily here. Probably only excessive users, or persons peculiarly susceptible to its toxic effects, become so insane as to need asylum treatment. Whether the moderate use of hasheesh has ill effects I have no means of judging, and this paper is now read to elicit the opinions of my colleagues in Egypt, whose daily practice must give them opportunities of studying the effects of the ordinary use of hasheesh. I should be grateful for information on this question.

I have never met with dysentery or bronchitis as the direct result of the use of hasheesh.

Again, in my experience, I find that persons insane from hasheesh have a proneness to commit crimes, especially those of violence, and I have a strong suspicion that much disorderly conduct results from hasheesh smoking, just as alcohol among Europeans leads to such misconduct.

To sum up, the use of Cannabis Indica in Egypt seems to have graver mental and social results than in India, and is responsible for a large amount of insanity and crime in this country.

REFERENCE

Journal of Mental Science, January 1903, 109–110.

Researched by Henry Rollin, Emeritus Consultant Psychiatrist, Horton Hospital, Epsom, Surrey

Corrigenda

Adolescent precursors of cannabis dependence: findings from the Victorian Adolescent Health Cohort Study. *BJP*, **182**, 330–336. The full reference to Patton *et al* (2002) should read: Patton, G. C., Coffey, C., Carlin, J. B., *et al* (2002) Cannabis use and mental health in

young people: cohort study. *BMJ*, **325**, 1195–1198.

Non-right-handedness and schizophrenia (letter). *BJP*, **181**, 349–350. The first sentence of the last paragraph should read: In schizophrenia, I have suggested that the gene may lose its

directional coding and become 'agnosic' for right or left.

Long-term outcome of long-stay psychiatric in-patients considered unsuitable to live in the community. TAPS Project 44. *BJP*, **181**, 428–432. Table 1 (p. 430) should read:

Table 1 Changes in patients' measures at 1-year and 5-year follow-ups (n=61)¹

Variable	Baseline ²	1 year ²	5 years ²	Baseline minus 1-year score ³	95% CI	Baseline minus 5-year score ³	95% CI	P
Present State Examination								
Total score	17.84	14.61	17.16	-2.57	-7.48 to 2.33	0.58	-3.34 to 4.51	NS
Negative symptoms	1.11	1.49	1.82	0.28	-0.12 to 0.68	0.65	0.24 to 1.07	<0.003
Delusions and hallucinations	4.26	4.41	4.64	0.24	-1.90 to 2.40	0.70	-0.91 to 2.31	NS
Social Behaviour Schedule								
Total score	6.07	5.97	5.07	-0.06	-0.75 to 0.63	-1.00	-1.91 to -0.09	<0.033
Basic Everyday Living Skills								
Domestic	10.36	11.14	13.55	0.78	-0.76 to 2.32	3.19	1.24 to 5.14	<0.002
Social	6.79	7.46	7.92	0.82	-0.01 to 1.73	1.54	0.29 to 2.79	<0.017
Self-care	20.49	20.53	23.84	0	-0.90 to 1.90	3.83	1.58 to 6.08	<0.002
Community	5.89	5.97	7.02	0.23	-0.59 to 1.05	1.29	0.30 to 2.29	<0.012
Social Network Schedule								
Total names	10.33	7.72	7.21	-3.67	-8.32 to 0.99	-2.62	-6.34 to 1.11	NS

1. Patients who died during the 5 years have been excluded.

2. The numbers of patients in these columns differ. Thus, for Present State Examination total score, data were available for 57 subjects at baseline, 70 at 1 year and 56 at 5 years.

3. Only patients with data at the two time points being compared are included in the analyses. Thus, for Present State Examination total score the comparison between baseline and 1 year involved 54 subjects and that between baseline and 5 years involved 43 subjects. Further details available from the authors upon request.