Who pays the piper?

Given the high profile currently afforded the debate about the influence of the pharmaceutical industry in psychiatry (Moncrieff *et al*, 2005), Craddock & Owen's confident prediction of the imminent usurping of the Kraepelinian dichotomy serves as a timely reminder of what is at stake here (Craddock & Owen, 2005). Both authors of the latter paper are consultants to GlaxoSmithKline and both have received honoraria for academic talks from Eli Lilly, Astra-Zeneca and GlaxoSmithKline.

This is the context within which their prophetic discussion concerning the failings of the Kraepelinian model takes place. This context is important because at the heart of the nosological edifice they erect after tearing down Babylon is the assertion that '... this research agenda will be best served by adopting broader inclusion criteria for the functional psychoses ...' (p. 365). Note that they are primarily concerned with what is of value to schizophrenia researchers here.

The authors then confidently delineate how clinical practice will change with a resounding reaffirmation of the medical model '... psychiatrists are likely to have at their disposal simple and inexpensive tests to help identify the pathways involved in an individual's illness ...' (p. 365), before concluding with a suggested title for the new shibboleth: 'psychosis-spectrum illness' (p. 366).

The subtext here is that by broadening the inclusion criteria for the functional psychoses the mandate for the use of antipsychotic medication will follow suit, thereby permitting the pharmaceutical industry to ply its wares to many more people than before. Ironically, the much criticised Kraepelinian dichotomy means that at present at least some people (perhaps those with psychosis not otherwise specified) do not *have* to receive medication. Within Craddock & Owen's proposed nosology one wonders whether anyone will escape the reach of the drug industry.

Having just won the College's Research Prize and Bronze Medal, sponsored by Organon, with a piece of research that could be perceived as critical of both psychiatry and the drug industry, I now find myself in the position of having to debate whether or not to accept the prize. Am I a hypocrite and what would you do?

Craddock, N. & Owen, M. J. (2005) The beginning of the end for the Kraepelinian dichotomy. *British Journal of Psychiatry*, **186**, 364–366.

Moncrieff, J., Hopker, S. & Thomas, P. (2005) Psychiatry and the pharmaceutical industry: who pays the piper? *Psychiatric Bulletin*, **29**, 84–85.

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Begetting drunkards

In his editorial, David Ball (2004) suggests that Plutarch invites an environmental explanation for the intergenerational transmission of drunkenness in his work *The Training of Children* in AD 110.

Actually, the full quotation from this work is:

> 'The advice which I am, in the next place, about to give, is, indeed, no other than what has been given by those who have undertaken this argument before me. You will ask me what is that? It is this: that no man keep company with his wife for issue's sake but when he is sober, having drunk either no wine, or at least not such a quantity as to distemper him; for they usually prove wine-bibbers and drunkards, whose parents begot them when they were drunk. Wherefore Diogenes said to a stripling somewhat crack-brained and half-witted: Surely, young man, your father begot you when he was drunk. Let this suffice to be spoken concerning the procreation of children; and let us pass thence to their education.'

This would seem to suggest that Plutarch, and others of that time, were concerned more about an adverse biological effect of alcohol on conception, rather than an environmental process of copying (or otherwise being influenced by) parental drinking behaviour.

Ball, D. (2004) Genetic approaches to alcohol dependence. *British Journal of Psychiatry*, **185**, 449–451.

Plutarch (110) *The Training of Children*. http://www.fordham.edu/halsall/ancient/plutarch-educational.html

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Author's reply: I would like to thank the Reverend Professor Cook for his comments and the opportunity to provide the full quote from Plutarch, which would not be possible in a brief review of the subject. I agree with his interpretation that it reflects concern regarding the adverse biological effect of exposure to alcohol during conception and as such represents an environmental interpretation as indicated in the editorial – albeit one operating at a very early stage in development!

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One hundred years ago

The after-care of patients discharged from asylums

DR. GOODALL, the Medical Superintendent of the Joint Counties Asylum, Carmarthen, draws attention, in his annual report, to the fact that the prevalent view amongst the community at large is that insanity is an incurable state, and that whilst people who have suffered from many bodily diseases – such as gout, rheumatic fever, or disorders of the air passages – will, as a rule, take precautionary measures to avoid a recurrence of the malady, their pessimistic views regarding insanity (and, we may add, the too-frequent idea that insanity is in the nature of a miraculous visitation, unconditioned by the ordinary

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environment of the sufferers) militate disastrously in many cases against prophylaxis as regards mental relapses. He relates the case of one patient who had had an attack of acute mania and returned to her home from the asylum to nurse four or five young children in scarlet fever, and at the same time had to attend to her ordinary household duties, whilst none too well fed. The result was what might have been foreseen. He describes three other cases from this year's readmissions in which the risk of relapse might and should have been avoided. Now, amongst the better-informed and educated classes of society, the risks of relapse are doubtless reduced to a minimum; but with regard to the insane poor, almost nothing is attempted by way of educating the patients or their guardians as to the conditions likely to bring about these unfortunate results. We remember visiting a private asylum, in North Germany, whose medical director limited the number of his patients to twenty-five. These took up, he said, the whole of his time, as he had not only to study their individual characters and to discover the appropriate treatment of their individual mental or emotional idiosyncrasies, but before their discharge as convalescent he had to visit their homes, to study their mode of family life and to prescribe to the patient's relatives rules to guide them in their conduct towards the returning member of their family. This ideal is of course impossible of attainment in the case of any but small private establishments, but what might be done, in the case of the insane poor, is the formation of charitable societies with branches all over the country, to do all that is possible, by way of publications and otherwise, to enlighten returned patients and their families as to the nature of insanity, and, without anything in the nature of meddlesome interference, by personal visitation and instruction to remedy any bad condition which seems likely to cause a return of the affection in predisposed persons. There are already societies for the after-care of friendless patients; their extension in the new direction indicated would undoubtedly be of immense benefit to both the patients and the general community.

REFERENCE

Lancet, 8 July 1905, 90.

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