

responsibility to marshal all the findings in a scientifically revealing way. If they make an error they have a duty to correct it.

Declaration of interest

T.J.C. is a co-organiser of the Winter Workshop for Schizophrenia Research which has been supported by Bristol-Myers Squibb and Otsuka, Janssen Pharmaceuticals, Lilly, Lundbeck and Astra Zeneca.

El-Sayeh, H. G., Morganti, C. & Adams, C. E. (2006) Aripiprazole for schizophrenia. Systematic review. *British Journal of Psychiatry*, **189**, 102–108.

T. J. Crow SANE Prince of Wales Centre, Warneford Hospital, Oxford OX3 7JX, UK. Email: tim.crow@psych.ox.ac.uk
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Author's reply: We generally concur with the views of Silver *et al* and we continue to collaborate with those at Bristol-Myers Squibb and Otsuka to obtain data which were not easily accessible to us when the review was initially conducted. The updated version of this review is much improved by the incorporation of these data (El-Sayeh & Morganti, 2006). The original version, however, was submitted to the *Journal* in June 2004.

We were interested that the review fell short of Professor Crow's expectations. Perhaps he is correct in saying that there is a grumbling background to the whole review but it was peer reviewed and there

was no objection to this. Professor Crow was surprised that our searches came up with such a 'barren yield' of data. Perhaps his experience in this area is not ours. We asked employees of Bristol-Myers Squibb to check our review. Those that kindly visited us and promised data are explicitly mentioned in widely accessible versions of this review (El-Sayeh & Morganti, 2004). Other authors referred us to the company for additional information. Professor Crow goes on to say that it is the duty of systematic reviewers to make data available in comparative form. We have tried to be fair, open and explicit with what we could get. If Professor Crow can get more data we will of course be grateful for those.

Professor Crow draws attention to aripiprazole and mortality as presented in a poster at the Winter Workshop on Schizophrenia Research in February 2006. After the publication of our paper in the *Journal* we obtained clarification from Bristol-Myers Squibb regarding the eight deaths. This information was forthcoming precisely because of the poster presentation in 2006. Two years earlier we had met with representatives of the company and asked for conformation of our results before publication in the *Cochrane Database of Systematic Reviews* and a note of this meeting is made (El-Sayeh & Morganti, 2004). The offer of clarification and further contact did not materialise until after the poster presentation. Thereafter Bristol-Myers Squibb showed us how we had indeed

failed to note how these people had died in the post-randomisation protracted follow-up of the two studies in question, so normalising the seemingly alarming standardised mortality ratio previously presented (El-Sayeh & Morganti, 2004). We do not think anyone would say that these data were easy to locate or are clear (Dubitsky *et al*, 2002), although Professor Crow may think otherwise.

As mentioned in our review, currently available data do not seem to support the prolific use of aripiprazole. In suggesting otherwise, there may be a danger of giving false hope to clinicians and recipients of care.

Dubitsky, G. M., Harris, R., Laren, T., et al (2002) Abilify (Aripiprazole) Tablets. *Medical Review Part 4*. US Food and Drug Administration http://www.fda.gov/cder/foi/nda/2002/21-436_Abilify_medr_P4.pdf, page 198 [date accessed 11/12/06].

El-Sayeh, H. G. & Morganti, C. (2004) Aripiprazole for schizophrenia. *Cochrane Database of Systematic Reviews*, issue 2 (CD004578). Update Software.

El-Sayeh, H. G. & Morganti, C. (2006) Aripiprazole for schizophrenia. *Cochrane Database of Systematic Reviews*, issue 2 (CD004578). Wiley InterScience.

H. G. El-Sayeh Briary Wing, Harrogate District Hospital, Harrogate HG2 7SX, UK. Email: hany-el-sayeh@chrd-pct.nhs.uk

C. Morganti Ospedale Niguarda Ca'Granda, Milan, Italy

C. E. Adams Academic Unit of Psychiatry, University of Leeds, Leeds, UK
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One hundred years ago

John Murray's Royal Asylum

The statistics of insanity are perhaps more lacking in precision of terms than are those relating to any other human affairs. Chief among the elastically uncertain stands the term "recovery". Yet on it depends the true history both in the positive and negative sense of our fight with the disease. Dr. Urquhart gives his interpretation of the term, and we consider that it is as fair and accurate as can be looked for:

"The number of readmissions (15) was unprecedented in the history of the asylum, and the number of those suffering from recurrence of mental disorder (22) was also disproportionate.

In these observations the word 'recovery' is used to indicate those in whom there is re-establishment of mental soundness permitting of the return of the patient to his place in the world without requiring the care and supervision of others. The 'lucid interval' may prove to be of life-long duration, it may last for years, or only for months. Doubts have been expressed regarding the propriety of liberty in many of these cases. It has been represented as a wrong to the lieges. This is a new phase of opinion. For many years we have been accustomed to accusations of undue detention in asylums, elaborate safeguards have been devised to protect the insane from that evil, and now the tide of opinion seems to be setting in the contrary direction. As the law stands there is no longer authority for the detention of a person after he ceases to be insane; and, in the great majority of cases, it would be

an intolerable hardship to be detained indefinitely because of a possibility of untoward remote consequences. No doubt there are those, including many who have never been under custodial care, who should be limited in liberty of action under revised legal enactments; but the advocates of extreme measures will have to be content with less Spartan remedies than they formulate. The practice of discharge on recovery, or even on improvement, may entail occasional hardships, but on the whole it is appropriate to existing conditions."

REFERENCE

Journal of Mental Science, January 1907, 213–214.
Researched by Henry Rollin, Emeritus Consultant Psychiatrist, Horton Hospital, Epsom, Surrey
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