

sented, and none collected for age of children, both of which factors are known to correlate with depressive symptoms, and both of which might be expected to differ between the groups studied. Throughout the paper the authors refer to the *incidence* of depression, although the data reported are concerned exclusively with prevalence. If they were concerned with incidence they should have amplified the last question in Appendix 1.

One hopes the study does not befall the fate attributed by Drs Fleming and Seager to previous work, of being 'quoted uncritically by subsequent authors'.

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SCHIZOPHRENIA IN FICTION

DEAR SIR,

Surely it is unwise to suppose that a novelist of Charlotte Brontë's stature would rely on lay concepts rather than personal experience in describing the behaviour of a character essential to the plot. Although the description of the mad Mrs Rochester might defy diagnosis in terms of present-day psychiatry in Britain, Dr Robinson (*Journal*, 132, 525) would appear to have overlooked the fact that diseases tend to change in their manifestations over the years. But some 50 years after Charlotte Brontë's description, it was still recognizable to British alienists, for Sir Thomas Clouston (1892), describing his experiences of a patient with chronic mania, says 'I have never seen anything so completely parallel to

the famous maniac scene in Charlotte Brontë's *Jane Eyre*'. Before the Kraepelinian revolution, the term mania was generally used to cover all states of mental excitement not associated with fever, and from the descriptions in textbooks and from Kraepelin's own remarks (1913) it is clear that 'mania' in the 19th century included the now rather rare (but then, it would seem, much commoner) condition which today we call schizophrenic excitement.

It is perhaps worth noting that a present-day diagnosis of the case of Don Quixote might seem problematic. Yet the diagnosis was plain to Esquirol, who states (1838) that 'in Don Quixote we have an admirable description of monomania'. We can't today form a very clear idea of what Esquirol meant by monomania, but this again is probably because of changes in the manifestations of psychiatric disease which have occurred in Europe during the past 100 years.

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