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SIR: I read with interest the paper by Kendell & Adams (*Journal*, June 1991, **158**, 758–763) showing that the lower the temperature in the Autumn, the higher the incidence of schizophrenia the following Spring. The authors point out that the effect is a small one, and that some infective or nutritional influence may be the actual aetiological agent. However, the World Health Organization's studies on schizophrenia demonstrated that the incidence of schizophrenia as 'broadly' defined showed an approximate three-fold variation from country to country (Sartorius *et al*, 1986) and also that the outcome of schizophrenia was significantly better in 'developing' countries than in the 'developed' world. Some time ago I carried out analyses using incidence and outcome measures from the WHO investigations, and found large and significant correlations between these and indices of environmental temperature (Gupta & Murray, 1991b). Furthermore, when taken together with other data (for example, from biological studies, e.g. McDonald & Param, 1985), such epidemiological findings suggest that the link between environmental temperature and schizophrenia may have aetiological significance (Gupta, 1990).

In the same issue (*Journal*, June 1991, **158**, 834–835), Eagles makes some interesting observations about the paper entitled "Is schizophrenia disappearing?" of which I was a co-author. He points out that first-admission rates were not age standardised, but also notes that in patients aged under 55, a fall was apparent in all age groups. This he argues is evidence against a purely perinatal explanation of the apparent decline in incidence of the disease, and he suggests that reduced rates of infectious illnesses may also be involved. However, as pointed out elsewhere (Gupta & Murray, 1991a), if increased resistance to infections is due in part to improved health care early in life (for example due to immunisation programmes), then once again one would have expected a selective

fall in the incidence of schizophrenia among younger patients. The effects of any additional triggering factor are likely, on the other hand, to be dependent on influences operating in a period comparatively close to the time of illness onset. Furthermore, if the analysis of the data from England and Wales is correct, the intensity of this factor probably started to change sometime in the 1960s.

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Ethnic nomenclature

SIR: I remain perplexed by the continuing *Journal* use of the term 'Caucasian' to describe people of White European origin. This supposedly scientific designation has no rigorous meaning: it was originally popularised by the biologist Johann Blumenbach (1795) when he attempted to modify Linnaeus' definition of a species so as to catalogue different human groups. Blumenbach chose 'Caucasian' to designate the 'first race' (from which all others were held to be degenerate forms) because we all split up after Noah's Ark landed on Mount Ararat in the Southern Caucasus (Genesis 9: 18–19). The term continued in use during the 19th century, variously including the Semitic-speaking peoples (Jews, Arabs) or excluding them. It consistently *included* the Indo-European speaking peoples of South Asia: the societies referred to in the *Journal* as 'Asian' where they are counterposed to 'Caucasians'. Contemporary biological anthropology and population genetics find no value in this confusing notion of 'race' which elides the cultural and the biological. Instead, they prefer to use the deliberately ambiguous term 'ethnic group' in which a group of people are referred to by the term they themselves use: hence Inuit, not Eskimo.

I have never met a white British person who conceived of him/herself as 'a Caucasian', but the term has of course its proper academic use: when David Lang, the retired Professor of Caucasian Studies at London University, was awarded an honorary doctorate in 1966 it was from the State University of Tbilisi for his work on the Georgian language—Georgia, USSR, not Georgia, USA. Can we finally put this arcane term firmly to rest, back on Mount Ararat?

BLUMENBACH, J. F. (1795) *De Generis Varietate Nativa* (3rd edn). Göttingen, Germany.

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EDITOR'S REPLY: It would be more accurate for Dr Littlewood to complain of the continuing use of the term Caucasian in the *Journal* rather than of the "Journal use of the term". The *Journal* has no specific policy on this matter.

The potential for introducing error would be great were we to revise the terms under which authors have categorised people. More reflection on the part of authors in their choice of words and use of language would, of course, be welcomed.

Medical Research Council

SIR: The strategy and initiatives of the Medical Research Council (MRC) have much to commend them and they are lucidly presented by Rees & Levy (*Journal*, May 1991, 158, 602–604). They rightly emphasise collaboration and the identification of priorities.

Two main problems arise. The first is that the co-ordination of genome research has yet to be achieved either globally or even in Europe. The American approach is that the whole genome should be sequenced, while the European view is that research centres should just identify the genes that are actually expressed and then sequence these. Control over genome research in the US has been centralised but this is not so in Europe. Not only are there contrasting approaches between the US and Europe, but they also exist within Europe. The European Science Foundation (ESF) in its latest publication, *Report on Genome Research 1991*, suggests that it is itself the best forum for co-ordination of European genome research. However, the Human Genome Organiz-

ation (HUGO) was specifically organised in 1988 to co-ordinate international research on the genome. According to *Nature*, Sir Walter Bodmer, President of HUGO, has "reservations about the proposed role of ESF" (Dickman & Aldous, 1991) and instead favours 'bottom up' co-ordination. Clearly the competing claims of HUGO and ESF for co-ordination of genome research needs early resolution.

The second problem is sustained government underfunding of medical science and the MRC. It is a pity that Rees & Levy failed to discuss this issue because without sufficient resources, their initiatives are at risk. Both British and American researchers see this underfunding as a form of scientific vandalism. They are not alone. The House of Lords Select Committee on Science and Technology, in its Report of April 1991, said that government investment in science is inadequate. The United Kingdom, of seven nations studied by the Institute for Scientific Information in Philadelphia, has suffered the largest decline in citation of original articles during the 1980s. The fall in citation was most acute for clinical medicine compared with engineering and applied sciences. According to an editorial in the *British Medical Journal*, the corporate plan of the MRC for 1991–1995 is "a plan for decline" (Smith, 1991a). Combined funding from industry and charities now more than doubles the money allocated by the government. Private funding from members of the Association of Medical Research Charities has increased and is expected to overtake that provided by the MRC. Yet there are few formal mechanisms for discussing research priorities with the private sector.

Three conclusions follow. First, it is time that the international debate over whether to sequence the entire 3 million bases of the genome or just the genes (2–3% of the genome) is settled. Sydney Brenner, head of the MRC Molecular Genetics Unit at Cambridge has publicly advocated that research should concentrate on expressed genes and his view has prevailed in the MRC. However, the National Institutes of Health in Washington DC have opposed a partial approach and argued that the entire genome should be sequenced. Meanwhile in Europe, we cannot afford the luxury of having two organisations with different philosophies co-ordinating the genome project.

Second, the MRC and British researchers could do worse than follow the example of the Australian Society for Medical Research which has raised the public profile of science and successfully campaigned for increased funding of research (Smith, 1991b). Indeed this activist approach is recommended for the entire university system by Sir Eric Ash, Rector of Imperial College, London. He is the author of a