For many years population geneticists have been surprised that the genetic tendency to schizophrenia is maintained in spite of the reduced fertility of those affected (Crow, 1995). However, the fertility of cult leaders is often increased, owing to increased mating opportunities within the cult, and to the possibility of an 'adaptive radiation' in a new land following the inevitable social and geographical alienation of the cult from the parent group. If the genes responsible for schizophrenia and prophetic experience were the same, it is possible that the fecundity of successful cult leaders might balance the loss of genes both in people with schizophrenia and in unsuccessful cult leaders (Price & Stevens, 1998).

Such evolutionary speculations are independent of the proximal causes of schizophrenia, which might be a neurodevelopmental disorder or might even be part of the extended phenotype of a micro-organism. But they do suggest that if we find something in the brains of our patients, we should ask our psychiatric anthropological colleagues to look for the same thing in the brains of the founders of new religious movements.

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Case reports

Dr Williams (2004) courageously urges the Editor to think again regarding his predecessor's joy at hastening the demise of the case report.

Medicine generally is being dehumanised; if psychiatry follows suit, then we cannot complain that the masses are deserting us for alternative medicine. The bias of the *Journal* towards so-called 'pure science' while discarding the whole-person approach will accelerate the dehumanising process. Following the massive development of drug therapy from the mid-1950s there was a golden era when the so-called controlled experiments supported what we clinicians found in practice – that people improved with antidepressants and anxiolytics.

For the past 40 years or so the *Journal* has been full of further 'research' papers which have added little of note to our psychiatric knowledge. At the same time much fruitful research has occurred in the clinical field through the analysis of narrative and transference and the study of case reports.

Uncommon Psychiatric Syndromes (Enoch & Ball, 2001), described by Littlewood (2004) as a pioneering book, now in its fourth edition and translated into several languages, arose from one case report, albeit followed by a further 35 years' (continuing) research.

The pioneer Dr Rolf Strom Olsen, Superintendent of Runwell Hospital, encouraged every clinician to be a researcher; to think and to contribute to the advancement of our subject. Following one ward round he informed a young senior registrar that the case report that he had just presented was an example of the rare 'delusion of doubles' and insisted that the world literature be scanned for other examples. Little did we think at that time that the Capgras syndrome would become such a prominent condition throughout clinical psychiatry during the next 40 years. The same can be said for de Clérambault syndrome, now the explanation for about 50% of stalkers (the fashion disorder of the age), and folie à deux, which explains much of the mass phenomena of the past half century.

Peter Hobson psychiatrist, experimental psychologist and psychoanalyst, protests effectively that successive editors rejected his papers on dynamic psychopathology as not being scientific enough. Hobson illustrates 'how easy it is for the science to squeeze out the subjective, personal dimension of life in the quest for objectivity . . .' (Hobson, 2002).

The case history reminds us that the person is not merely a statistic but comprises body, mind and soul and that each must be taken into consideration for complete healing to occur.

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One hundred years ago

Types of alcoholic insanity

An important discussion on the above subject was held at the Boston Society of Psychiatry and Neurology, an account of which is published in the *Journal of Nervous and Mental Disease* for December, 1904. Dr. H. W. Mitchell of Boston introduced the discussion in a paper based on the study of 148 patients (excluding cases of true dipsomania which exhibited no insane symptoms) at the Danvers Hospital for the Insane, or 13 per cent of the male patients admitted. The cases were grouped as follows: delirium tremens, acute and

https://doi.org/10.1192/bjp.186.2.169 Published online by Cambridge University Press