

BMJ

SATURDAY 21 AUGUST 1993



71BT 9/8/93
Indexing Branch
Jhu

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BMJ

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US second class postage paid at Rahway, NJ. Postmaster: send address changes to: BMJ, c/o Mercury Airfreight International Ltd Inc, 2323 Randolph Avenue, Avenel, NJ 07001, USA.
US (direct) subscription \$250.00.

Published by the proprietors, the British Medical Association, Tavistock Square, London WC1H 9JR. Printed by BPC Magazines (Milton Keynes) Ltd, Milton Keynes. Typesetting by Bedford Typesetters Ltd, Bedford. Registered as a newspaper.

Madness and civilisation

Just before the plight of sick and injured Bosnian children swept everything else off the front pages last week, the plight of Britain's mentally ill, in danger of injuring themselves or others, fell under the spotlight. The government announced its long awaited proposals for new supervisory powers for such patients, although, as Trish Groves writes in her news story, in insufficient detail to understand how the new powers would work (p 463).

This week we publish a paper from Birmingham that is relevant to the topic. Christine Dean and colleagues found that people with acute, severe psychiatric illness seemed to do just as well in community based services as they did in hospital based services. Importantly, however, one third of the patients managed in the community required hospital admission sometime during their illness (p 473).

The commonest diagnosis in the Birmingham study was schizophrenia, which is viewed very differently across the English Channel. This is more than merely "interesting" now that doctors qualified to practise in one member state of the European Community are free to practise in any other. Psychiatrists at the Institute of Psychiatry,

London, and the Centre Hospital-Universitaire, Bordeaux, looked at admission rates for schizophrenia and psychiatrists' beliefs in France and Britain. In a questionnaire survey, opinions of French psychiatrists differed substantially from those of British psychiatrists on 31 out of 38 statements about the condition. French doctors diagnose schizophrenia only reluctantly after the age of 45 and are more likely to explain the condition psychoanalytically.

The authors believe that this difference may result partially from "the traditional divide between Anglo-Saxon empiricism and continental rationalism—between trying to reach the truth through experiment and trying to reach it through ideas." On p 477 Clas Mannheimer and colleagues from Sweden provide strong empirical support for spinal cord stimulation having an anti-anginal and anti-ischaemic effect in severe coronary artery disease. What is the rational explanation for such an unexpected finding? Spinal cord stimulation is a technique "that we believe considerably benefits patients with intractable pain," say Sid Watkins and Tom Koeze in an accompanying editorial (p 462), "but we have little idea how it works." How much should this bother us?