

**Authors' reply:** Individual results in our paper should be viewed within the context of our overall analysis plan. In the whole sample (aged 30–75 years), people with SMI were more likely to have a raised CHD risk score for their age and gender on univariate analysis. We explored 'effect modification' or 'interaction' by age using conventional statistical methods to determine whether interaction was important in predicting CHD risk and found that SMI does predict excess CHD risk even after adjustment, but the heterogeneity of results at different ages cannot be ignored. Several results were only significant in those under 65 (e.g. Table 2) and we illustrated this age interaction in two figures.

Dr Gilleard quotes one insignificant adjusted odds ratio which includes people of all ages. In fact, this odds ratio demonstrates that the findings are less striking when differences between age-groups are ignored.

We agree that in the overall sample some dichotomous results lost significance after adjustment for unemployment, although most odds ratios still did not approach unity. However, SMI still predicted CHD risk after adjustment when the age interaction was included in a statistical model. Furthermore, continuous lipid and risk score variables were also predicted by SMI in those under 60 even after adjustment for unemployment (Table 2).

The clinical importance of the interaction is that excess cardiovascular risk is demonstrable in younger people with SMI. Consistent with this we have recently found that excess mortality from cardiovascular disease is also more pronounced in younger people with SMI (Osborn *et al*, 2006).

Contrary to Dr Gilleard's assertion, Tables 2 and 3 and Fig. 2 show that CHD risk in those under 60 is not simply reducible to smoking. Risk also relates to

differences in cholesterol ratios, diabetes and hypertension, as we stressed in the conclusions of our abstract.

**Osborn, D. P. J., Levy, G., Nazareth, I., et al (2006)**

Relative risk of cardiovascular and cancer mortality in people with severe mental illness from the UK General Practice Research Database. *Archives of General Psychiatry* (in press).

**D. P. J. Osborn** Department of Mental Health Sciences, University College London, Rowland Hill Street, London NW1 8DD, UK.  
Email: d.osborn@medsch.ucl.ac.uk

**M. B. King** Department of Mental Health Sciences, Royal Free and University College Medical School, London, UK

**J. Nazareth** Department of Primary Care and Population Sciences, Royal Free and University College Medical School, London, UK  
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## One hundred years ago

### Nottingham City Asylum, Mapperly Hill

ON January 1st, 1905, there were in this asylum 770 patients, and on December 31st, 1905, there were 790, an increase during the year of 20, which is practically the average annual increase for the past decade. As to accommodation, the Medical Superintendent, Dr. Evan Powell, says that there was considerable overcrowding on the female side, a fact also commented upon by the Commissioners, but that some relief will be afforded by the opening of a new dormitory. During the year 163 were admitted, of whom 134 were first admissions. In 84 the attacks were first attacks within three months, and in 10 more within twelve months of admission; in 43 the attacks were "not first" attacks within twelve months of admission; in 17 the attacks were of more than twelve months' duration, and the remaining 9 were congenital cases. The admissions were classified as to the forms of

mental disorder into: Mania of all kinds, 46; melancholia of all kinds, 46; dementia of all kinds, 27; general paralysis, 12; acquired epilepsy, 8; and cases of congenital defect, 9. As to the probable causes of the insanities in the admissions, alcoholic intemperance was assigned in 22, or 13.5 per cent.; venereal disease in 4; puberty, the menopause, and old age in 18; previous attacks in 36; privation in 7; various bodily diseases in 30; and "moral" causes in 35. Hereditary influences were ascertained in 23, or just over 14 per cent. During the year 66 were discharged as recovered, giving a recovery-rate on admissions of 42 per cent., being 2 per cent. above the average for this institution and 4.21 per cent. above the average for all asylums in England and Wales for 1905. There were also 7 discharged as relieved, 4 as not improved and there were 66 deaths. These last give a percentage death-rate on the average numbers resident of 8.42. The deaths were

due in 36 cases to cerebro-spinal diseases, including 21 cases of general paralysis; 22 from chest diseases, including 11 cases of phthisis; 3 from abdominal diseases and the remainder from local or general diseases, including 2 from old age. The deaths due to tuberculous diseases were 12 in number, or just over 18 per cent. of the total deaths, as contrasted with the 16.3 per cent. of all county and borough asylums in 1905. No suicide or fatal accidents occurred during the year, and therefore no inquest was held. Also there was an entire freedom from any infectious disease during the year and no serious casualty occurred.

### REFERENCE

*British Medical Journal*, 10 November 1906, 1343.

Researched by Henry Rollin, Emeritus Consultant Psychiatrist, Horton Hospital, Epsom, Surrey  
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