

sample is padded with it, giving scant or no attention to creative people who manage to be both prolific and stable. Jamison (1993) herself warns that 'labeling as manic-depressive anyone who is unusually creative, accomplished, energetic, intense, moody or eccentric both diminishes the notion of individuality in the arts and trivializes a very serious, often deadly illness' (p. 8) – yet she proceeds to do precisely that. Blurring the distinction between serious bipolar disorder and cyclothymia, with chapter titles like 'Their Life a Storm Whereon They Ride' she relies heavily on the overblown anguish of Romantic poets to hammer her case home. This makes thrilling reading, but it is not science.

As for those 'many academic studies... over the past century' (Wills, 2004), Jamison is more likely to drop names than disclose content in the attempt to build a historical pedigree for her work. Lombroso, to whom she refers most often, claimed that people of high ability were small, pasty and emaciated, with irregular teeth (1895). Unfortunately, since readers are about as likely to consult the original Lombroso (or Nisbet or Moreau) as they are to scrutinise Jamison's methods, the delusion persists that there is long-standing empirical weight behind the notion of the 'mad' creative person.

Dr Wills finds Ludwig's statistics (1995) acceptable, but I have difficulty with imprecise variables such as 'any problem' of parents and siblings, one of the few significant differences found between the families of creative artists and others – and even these, Ludwig himself admits, are 'very weak' (Ludwig, 1995: p. 157). And how does one measure 'non-conformity', 'odd behavior' or 'anger at mother' with any precision or reliability?

Although Wills thinks psychological autopsies are worthy tools, their validity is

compromised by dependence on self-reports and second- and third-hand accounts, biographers' natural tendency to shape the story around their opinions of their subjects, and clear experimenter bias – after all, the determined user of psychological autopsy can discover 'madness' in anyone's life. Jamison uses such 'evidence' of mental illness as 'possibly transient hypomanic episodes' (p. 199), interest in spiritualism, spendthrift tendencies, and vague gossip: 'thought by others to have had at least a trace of insanity' (p. 168).

Finally, Wills declares that my view of the creative person (Schlesinger, 2002) is naïve, as well as Laingian in its denial. I do not claim that bipolar disorder does not exist, only that there is no hard scientific evidence that creative people are more likely to suffer from it. As for my concerns being passé – reflecting the 'antipsychiatry movement of the 1960s and 1970s' – the news is that objection to reckless labelling never disappeared. It is actually growing, particularly in the USA, where even the general public has noticed the link between elastic diagnoses and pharmaceutical profits. And I make no apologies for believing creative people to be heroic – especially when so many assume they are mentally disordered.

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The case report on the way out?

I read with interest the farewell editorial by Professor Wilkinson (2003), in which he reflects on his tenure as Editor of the *Journal*. He is to be congratulated for both his leadership as an accomplished Editor of one of the world's most reputable psychiatry journals and for his thought-provoking 'last words'. Although I agree with almost everything in the editorial, I am troubled by his statement, 'I hastened the demise of the case report, to exclude what I see as psychiatric trivia'. Is this downgrading of the case report justified? Have case reports become trivia? Is the case report on the way out? The answer to these questions is 'no'. At a time of widespread unfilled academic positions in many sub-specialties (including psychiatry), decreasing research potential and resources (and hence limited research income and recognition), the case report remains a valuable source of new (and important) clinical information. Before we reject the case report, remember it was once said, 'We don't like their sound, and guitar music is on the way out' (Decca Recording Co., rejecting the Beatles, 1962).

Wilkinson, G. (2003) Fare thee well – the Editor's last words. *British Journal of Psychiatry*, **182**, 465–466.

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One hundred years ago

Is epilepsy a functional disease? [extract]

In the *Journal of Nervous and Mental Disease* for March Professor Allen M. Starr of New York draws attention to the importance of having a correct view regarding

epilepsy. In medical text-books from the earliest times epilepsy has been classed as a functional disease and this view does not seem to have been questioned seriously. Yet a careful review of facts ascertained recently, says Professor Starr, seems to demonstrate the fallacy of the prevailing

opinion and to prove conclusively "epilepsy is usually, if not always, an organic disease". This conclusion is based upon a careful study of 2000 cases of epilepsy which have been seen personally and of which satisfactory records were kept. In the first place it was found possible to draw a fairly