undetected or lost to services in the past, more people who commit a homicide have been in contact at some time with mental health services. This might, therefore, have led to the false perception that more people with a mental disorder are killing than before, when in reality the absolute numbers are steady despite a rise in total homicides.

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Orphenadrine – presence in patients not using antipsychotic drugs

Sir: The higher than expected use of orphenadrine and its presence in patients not using antipsychotic drugs (Slordal & Gjerden, 1999) are readily explained by its value as a drug of abuse. It is a stimulant which has been saleable on the street in the USA and the UK for 25 years. It is less used now in the UK because procyclidine is more widely prescribed as an anti-muscarinic drug and because drug dealers can provide reliable supplies of other, more powerful stimulants.

Slordal, L. & Gjerden, P. (1999) Orphenadrine. *British Journal of Psychiatry*, **174**, 275–276.

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Importance of case reports in psychiatry

Sir: The Editor of the *Journal* is to be congratulated on the publication of a paper on this (some of us believe) very important issue in psychiatry (Farmer, 1999). Farmer might have mentioned that most general psychiatric journals have become non-receptive to case reports. The *American Journal of Psychiatry* announced in 1976 that it would no longer publish case reports as full articles (Pincus *et al*, 1993). It is all done, of course, in the name of scientific method because there may be problems in extrapolating the findings from a single case report. Are the editors of our esteemed professional journals underestimating the power of human (clinical) observations?

Farmer seems to agree partially and even go on to say that "much scientific research would not have progressed without the insights made on single cases" but concludes that the usefulness of the case report is limited and that it should only be considered if it meets scientific standards in a Popperian sense (it either generates a hypothesis or refutes one). She might have added 'testability' of the hypothesis too and further, that some hypotheses are hard to refute. She does not mention how absolute this criterion is. Could a case report not add to the existing body of knowledge, for example? Many clinicians who read the *Journal* are not always looking for paradigm shifts but for nuggets of interesting clinical permutations that are best generated by curious clinicians (who observe many patients but may not know the method) and clinical researchers who far outnumber the clinical academicians (who research using the same vitiated presumptions and use increasingly fancy technical tools but do not see many patients). Published descriptive observations in the form of case reports or case series may indeed inspire an academician – versatile in the scientific method, or even regarding method as more important than substance – to do larger studies.

The new era of diagnostic certainty assures us reliability in diagnosing mental disorders but such an approach cannot ensure validity. No one will assert that the modern diagnostic system in psychiatry is complete by any means. Psychiatry has known many false dawns and has much to gain from clinical experience (Shiwach, 1997). It remains a mystery why the leaders of our profession, whose classification system is based on descriptive psychopathology, choose to ignore descriptions of pathology in the form of case reports.

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One hundred years ago

"The growth of insanity in Scotland"

An article under this heading, "contributed" to *The Scotsman* of 8 December 1897, draws attention to the existence of "crazy" areas in Scotland. Thus, while the ratio of the insane in Scotland generally for the 1895 quinquenniad was 27.1 per 10,000, this is described as rising to 90 per 10,000 in the parishes in Argyllshire, but the writer does not draw attention to the fact that in the twenty-five remaining parishes the ratio must, on his own showing, fall below the average.

Craignish and Kilmelfort, with populations of 389 and 407, are stated to have a ratio of 170 per 10,000. This sounds very

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startling; but, when we recognise that the basis of the assertion consists of about thirteen lunatics, which two or three families might supply, it is not likely to cause serious alarm. These raw-baked statistics and reckless methods are unfair and misleading to the ordinary newspaper reader. What would be thought of a sanitary expert who seriously compared the health of the residential part of any town with that of its slums as an evidence of the unhealthiness of the whole district; or who drew conclusions from population groups of three or four hundred and applied them to a whole community? The contribution in question is unworthy of the subject in manner and matter, and not what we have been accustomed to find in the columns of *The Scotsman*.

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