British Journal of Psychiatry (1989), **154,** 119–126

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Editor: Ian Pullen

Contents: Molecular genetics and human disease/ Non-psychotic psychiatric disorder after childbirth/ 'Biological' treatment/Journal supplements/Prevalence of dementia/History of depressive disorder/ Supportive analytical psychotherapy/Ethnic density and schizophrenia/Treatment of suicidal manic depression/Chronic depression/Failure to convulse with ECT/'Good old days' of psychiatry

Molecular Genetics and Human Disease

SIR: I would like to follow Dr Pelosi's lead (*Journal*, October 1988, **153,** 570) in breaking the deafening silence surrounding the ethical implications of the new genetics. Psychiatry stands on the threshold of its most exciting era. The chance to increase understanding of our most devastating mental disorders and perhaps to develop new treatments is open to us. This exists alongside possibilities for serious misuses by clinicians with the most laudable of motives, who may be tempted to step beyond their duty to relieve the suffering of the individual into the realm of attempting to alter the composition of society by applying eugenic principles. When scientists in the first half of the century discovered atomic energy many were immediately aware of its potential for both good and ill. Molecular genetic technology is no less awesome, and it behoves our profession to use some foresight in considering *its* potential.

Dr Pelosi raises Huntington's disease as a case in point: a condition whose gene acts with ruthless inevitability quite unlike the gene or genes underlying commoner psychiatric disorders. Those ethical dilemmas which may arise in relation to the latter will be magnified and even more complicated. Open debate on this topic is therefore mandatory. Furthermore, we should not make the mistake of equating the diagnostic clarity promised by genetic research with moral certainty. Aubrey Lewis, the most influential British psychiatrist of recent times, was himself rather sympathetic to the eugenic movement. He argued: "Not only eugenists but all compassionate and reflective people must surely be concerned at an increase in the number of children born to parents who are themselves affected by a prolonged mental illness or who are destined to become mentally ill." (Lewis, 1958). In summary, he warned: "We do not know enough to warrant our making firm predictions or advocating celibacy and childlessness to outwardly healthy people who seem predisposed to mental illness."

We may soon know enough to make much firmer predictions than was hitherto imaginable. History will judge if we use this knowledge wisely.

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Reference

LEWIS, A. (1958) Fertility and mental illness. *Eugenics Review*, **50,** 91–106.

Non-Psychotic Psychiatric Disorder After Childbirth

SIR: Cooper *et al* (*Journal*, June 1988, **152,** 799–806) are to be congratulated on their careful controlled study of the prevalence of non-psychotic psychiatric disorder during the first year after childbirth. However, the finding that the prevalence in the Oxford mothers was not greater than in the Edinburgh controls is not in conflict with my own study (Pitt, 1968) to which they refer; I was not looking at prevalence, but incidence.

I had assumed that many women's mental health might actually benefit from the acquisition of a wanted or not unwelcome baby, and that those who responded adversely would be a minority. Indeed, there was a small but significant drop in scores on my questionnaire for symptoms of anxiety and depression at the time of childbearing between the third/fourth months of pregnancy and the puerperium. However, 10.8% at least (Neugebauer (1983) calculated that this was an almost 50% underestimate!) developed within two months of giving birth a state of depression (most often, I found, conforming to the 'neurotic' pattern – I rather regret having used the alternative term 'atypical') unusual for them, disabling, and thoroughly unwelcome. I thought