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Decline in the incidence of schizophrenia

SIR: Kendell *et al* (*Journal*, February 1993, 162, 212–218) make a spirited attempt to explain away their findings of a decline in the incidence of schizophrenia in Edinburgh between 1971 and 1989. Adjustment for out-patients and “delayed diagnoses attributed to year of diagnosis” (their Table 2) altered the trends for men, but women still showed a 35% decline in incidence over the period under study. Furthermore, the authors report evidence of a change in diagnostic habit between 1971 and 1989 for men and early-onset cases, but state that a similar effect was not seen for women and later-onset cases.

Thus, it appears the case for the decline in rates being spurious does not hold up, for women at least. It is of interest that in Ireland, Waddington & Youssef (1992) found the relative risk of schizophrenia for persons born between 1940 and 1969, compared with those born between 1920 and 1939, to be 0.63, and that this effect was significant only for women and later-onset cases. It is also intriguing that in an analysis of the “schizophrenogenic effect” of the 1957 influenza epidemic, O’Callaghan *et al* (1991), using data from England and Wales, and Mednick *et al* (1990), in a reanalysis of Scottish data, found the effect to be confined to women. Such findings should reinforce, to schizophrenia researchers, that the disease affects men and women differently, and that consideration of such differences could provide useful clues to the aetiology of the condition (Castle & Murray, 1991).

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MEDNICK, S. A., MACHON, R. A., HUTTENEN, M. O., *et al* (1990) Influenza and schizophrenia. *Archives of General Psychiatry*, 47, 875–877.

O’CALLAGHAN, E., SHAM, P. C., TAKEI, N., *et al* (1991) Schizophrenia after prenatal exposure to 1957 A2 influenza epidemic. *Lancet*, 337, 1248–1250.

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Resource implications of Munchausen’s syndrome

SIR: The report by Drs Powell & Boast (*Journal*, February 1993, 162, 253–256) describes a man with Munchausen’s syndrome and the resource implications of his case. I would like to comment on their proposed treatment using the provisions of the Mental Health Act 1983.

Firstly, he may not be legally detainable. Even if it is accepted that he is suffering from psychopathic disorder, as defined in the Act, it is arguable whether detention is necessary, either for his health and safety, or for the protection of others (as described, the main threat he poses to others is the squandering of public funds). Neither is it clear that treatment is likely to alleviate his condition or prevent a deterioration. They describe his condition as “treatment-resistant”, and an aggregated three years of psychiatric admission seems to have conferred no benefit.

Their ethical justification for detention is that his behaviour is “not volitional” and so requires a paternalistic approach. It seems from their article that this behaviour is deliberate and purposeful. The lifestyle adopted by Munchausen patients, while not one that would appeal to most professional commentators, does have obvious rewards – accommodation, company, and status enhancing professional attention etc. – which make it likely to be a matter of choice.

Ultimately, their justification for detention is that by treating this man his quality of life would be improved and he would present less of a strain on public resources. The rationale for what they admit is a speculative treatment programme of coping skills, social skills, training, and education can be seen; but there is scant empirical evidence that such a programme is likely to change his behaviour. Furthermore, to benefit from such a programme he would need to actively participate, and it is difficult to see the place that legal compulsion can play.

The authors quantify the financial costs of his behaviour to date, but do not estimate the costs of their proposed treatment. It would seem that there is a danger of concentrating the financial burden which this man represents within one area and, by having continuous rather than intermittent hospitalisation for an indefinite period, possibly increasing the