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).

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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

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sharp line clinically between Jacksonian epilepsy and so-called idiopathic epilepsy. In Jacksonian epilepsy the attack is always recognised by the patient as one of a similar series and consciousness is not lost, at least in the earliest stages of the attack. Four types of Jacksonian epilepsy are recognised – viz., the so-called "motor" type in which the attack starts with a local spasm; the sensory type which is marked by a hallucination (generally crude) of one of the senses at the onset, followed by a temporary suspension of the power of perception in that sense; an aphasic type in which a sudden interference with the function of speech takes place, either in the power of understanding or in the power of uttering speech; and a psychical type in which dreamy states of the mind or imperative ideas dominate consciousness, arresting the normal flow of thought and often leading to automatic acts the object of which is not clear and of which no conscious memory remains. In all these types, says Professor Starr, we consider the Jacksonian attack a sure indication of local irritation of the brain cortex and a symptom of local organic disease. In many cases of idiopathic epilepsy (38 per cent. of Professor Starr's cases) the attack was preceded by a conscious sensation or aura. This aura was in many cases identical in character with the aura initiating a Jacksonian attack. The only difference between a Jacksonian attack of the "motor" type and an idiopathic attack was the extent of the spasm, which in the former began locally and involved only a portion (seldom the whole) of the body, whereas the latter involved the body in a general convulsion.

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