about non-conformity and arguing with workmates and supervisors.

Ten subjects (8%) had a schizoid personality disorder, but only one other subject had a schizotypal personality disorder. Forty seven subjects (36%) had a family history of overt eccentricity, but only five subjects had a relative who had received treatment for a nervous disorder, and only two of these had been a first-degree relative. Only seven subjects, five males and two females, were homosexual; of these, one was now celebate and one was a transvestite. Only two subjects had ever committed criminal offences. These involved repeated substance abuse in the first case and selling defective electrical appliances in the second. Aggression was minimal. Fifty two subjects (40%) demonstrated impaired empathy, but another 32 (25%) demonstrated excellent empathy and rapport. Many of the subjects were self-centred as children, and a third of the sample continued to be notably self-referencing when speaking about other people or neutral topics. However, the relationships of these eccentrics with their parents and siblings had not deteriorated as they became older. Rather than emotional detachment and unsociability, this sample demonstrated the defense mechanisms of rationalisation, intellectualisation, and sometimes emotional isolation. Many had more than a single 'special interest'; on average they had about five obsessive preoccupations which were happily pursued. Their use of visual imagery was positive and strong. Those who were creative were also those with vivid nocturnal dreams and daydreams.

We have collected a great deal of evidence that shows eccentrics to be exceptionally creative in the arts and sciences. Our work describes how and why their originality has come about. Their giftedness was often unrecognised in childhood; their extreme curiosity led to much exploratory behaviour which was perceived as disruptive and a 'discipline problem'. Their positive traits – optimism, an ebullient sense of fun, independence of spirit, and innovatory ideas – as well as their natural variability, go some way to explain their evolutionary advantage. Eccentrics in the community are even more heterogeneous than a clinical sample. They are also much less socially disabled. They are the exceptions that prove the rule that incongruity between the individual and his context is not necessarily a sign of maladjustment or maladaptation. These admitted discordances are signally interesting in their own right. They show how our diagnostic definitions and vocabularies are shot through with value judgments, however hard we try to operationalise our criteria. They are a telling reminder that syndromes of personality are even more socially constructed than are psychiatric disorders.

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Schizophrenia before 1800

SIR: Hare (*Journal*, October 1988, **153**, 521–531) offers a thorough and diligent historical analysis confined to the English speaking countries. I appreciate his thesis that schizophrenia was increasingly recognised after 1800. However, I hesitate to share his opinion that conditions corresponding to schizophrenia in adolescence or young adulthood were not satisfactorily described before the 19th century.

The *Magazin zur Erfahrungsseelenkunde* (Journal of Empirical Psychology), published from 1783 to 1793, presented more than 100 neuropsychiatric case reports. Descriptions of ten male and three female patients are highly suggestive of early-onset schizophrenia, even if editorial interest led to an overestimation of aggressive features (case 2).

Case (1). Lady N . . . tz's younger sister, who was 38 or 39, had been mentally disturbed since the age of 15. For days or weeks she used to behave reasonably well, but then she repeatedly lost her mind for many months: she used to sing religious songs, to converse with her (non-existant) lovers, or to sit uncomfortably on a chair without moving for days. In 1759 she survived a fire in her hometown. Afterwards she again wore her bizarre coat and cap, fell back into insanity and never returned to normal . . . (Anonymous, 1785).

Case (2). Rau, born 1748, studied theology in Leipzig. The Bible, especially the revelation of St John, stirred his imagination, so that he claimed to be infallible. Intolerant towards others, he became more and more withdrawn. In 1779 he killed his father with a knife. He insisted he had not murdered his father, but a Jew and an old Turk. During a storm he claimed that the "wild prince" was coming, and that he had "heard that evil spirit so often". He claimed to

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be a state prisoner, who must not be treated so hard... (Gruner, 1789).

These strongly condensed translations only yield a dim impression of the original vivid and lengthy reports. They may perhaps cast some doubt on the issue that hallucinatory voices did not vex schizophrenics before 1800.

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SIR: I was intrigued to read some of the observations of Hare (*Journal*, October 1988, **153**, 521–531) about accounts of schizophrenia in the late 18th century. It is noteworthy that frequent, good descriptions of schizophrenia (and several other chronic mental illnesses) first appeared when there was a change in the selection of cases for publication, combined with improved methods of case description. This change probably explains the appearance of these descriptions.

The only description of cases of chronic madness from between 1750 and 1810 are those of Thomas Arnold (1782), who only quotes cases from classical authors, Perfect (1787), Haslam (1798, 1809) and Ferriar (1810). The other published case histories are all of people who recovered. They were published by private madhouse proprietors, who were not keen to publicise their failures. This 100% recovery rate shows that most of the published cases do not form a representative sample of the mental illness then prevalent, especially when compared with the cure rates contemporarily advertised of 30%.

Only about 25% of the large series of cases cited by Perfect (1787) were chronic. These chronic cases appear to have been published to illustrate points that Perfect wished to illustrate, such as the dangers of inexpert treatment with mercury, his skill with healing severe wounds, and the danger of trusting lunatics. Despite this, at least two cases he cites could be examples of schizophrenia (cases 8 and 36).

Chronic cases were first cited in quantity by Haslam and Ferriar, who both worked in charity asylums. The cases cited in Haslam's 1809 edition that are generally accepted to be probable cases of schizophrenia were copied from the 1798 edition (e.g. cases 16 and 23 in both editions), and some of these cases had been admitted 30 years earlier. Unfortunately, Haslam's series of cases must have been biased towards organic cases because it is a series of post-mortems. Ferriar's case descriptions were very brief, and therefore of limited use.

Interestingly, the classificatory systems of mental illness that were published during this period all have categories that would accommodate modern images of schizophrenia: Arnold (1782) in his description of *Ideal insanity*, which includes people who imagine they are conversing with imaginary people, but who are not delirious; Cullen (1810) in his group of *Manias* (and in his classification of *Paracusis imaginaria* – where the sounds are not existing without, but are excited by internal causes, and are distinguished from false hearing); and Darwin (1801) in his species *Mania mutabilis*.

Regarding Harper's claim that insanity was not common in young persons: it is noteworthy that this was part of his argument that insanity was not due to brain disease, but to nervous stimulation and the retention of secretions such as semen. This was a highly unusual view for the period. This compares with the fact that the cases described by Perfect, Ferriar, and Haslam were frequently young.

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Elementary, My Dear Freud

SIR: I rise to defend Rollin (*Journal*, August 1988, **153**, 241–242) against the unjust criticism of Johns (*Journal*, November 1988, **153**, 712), who uses a succession of specious arguments. Firstly, Dr Johns quotes and implicitly agrees with Holmes' remark that "It is a capital mistake to theorise before one has data". At a stroke, one of the lynchpins of the

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