

relaxed stringency hybridisation with mouse mammary tumour virus (Westley and May, 1984), murine leukemia virus and baboon endogenous virus (Martin *et al*, 1981; Steele *et al*, 1984) are present in human DNA, and reverse transcriptase activity has been detected in 80% of human placentae (Leong *et al*, 1984), yet antibodies to this enzyme apparently are not common in normal populations. One may also ask whether if viral antigens were expressed in an immunologically privileged site such as the brain, they would necessarily elicit an antibody response.

For these reasons I do not yet feel obliged to abandon the retrovirus theory. At the risk of being charged with constructing a hypothesis unsusceptible to disproof I mention also the footnote which draws attention to the fact that retroviruses are but one member of the class of transposons or mobile genetic elements (Shapiro, 1983). The arguments which support a retroviral pathogen in psychosis do not exclude some other type of transposon. Some (e.g. Copia elements in *Drosophila*) but not all of these depend upon reverse transcriptase.

T. J. CROW

*Clinical Research Centre,
Watford Road,
Middlesex HA1 3UJ*

References

- LEONG, J. C., NELSON, J. A. & LEVY, J. A. (1984) Optimal conditions for detection of reverse transcriptase activity in human placentas. *Biochimica et Biophysica Acta*, **782**, 441–445.
- MARTIN, M. A., BRYAN, T., RASHEED, S. and KHAN, A. S. (1981) Identification and cloning of endogenous retroviral sequences present in human DNA. *Proceedings of the National Academy of Sciences*, **78**, 4892–4896.
- STEELE, P. E., RABSON, A. B., BRYAN, T., MARTIN, M. A. (1984) Distinctive termini characterise two families of human endogenous retroviral sequences. *Science*, **225**, 943–947.
- WESTLEY, B. & MAY, F. E. B. (1984) The human genome contains multiple sequences of varying homology to mouse mammary tumour virus DNA. *Gene*, **28**, 221–227.
- SHAPIRO, J. A. (1983) *Mobile Genetic Elements*, Orlando, Florida: Academic Press.

Is there Really a Schizophrenia?

DEAR SIR,

While Dr L. Ciompi's attempt at a reformulation of the concept of schizophrenia (*Journal*, December

1984, **145**, 636–640) is admirable because of this obvious desire to integrate diverse theory into a biopsychosocial model, the result is neither new nor particularly illuminating.

If all the author wished to point out was that schizophrenia should be viewed as a *syndrome* rather than a *disease entity* (the former implying multifactorial causation and variable course), then he has certainly expended much effort rehashing what is probably already a prevalent idea in psychiatry.

Dr Ciompi's rejection of the prevailing concept of schizophrenia on the basis that it has no "common causes" nor a "uniform course" could just as well be applied, for example, to coronary artery disease. The latter, of course, remains a perfectly useful concept in medicine.

ATUL C. PANDE

*Victoria Hospital,
375 South Street,
London,
Ontario, Canada*

Eric and Erwin: Let's Get it Right

DEAR SIR,

I had never thought, however belatedly, to discover Jove nodding in the person of Professor Anthony Clare in his fascinating account of the history of psychiatry at Bart's (*Journal*, February 1985, **146**, 120–126). Surely, Erwin was Stengel: Strauss was Eric?

SEYMOUR SPENCER

*66 Old Road,
Headington,
Oxford OX3 7LW*

[Yes, but surely it was Homer who occasionally nodded. *Corresp. Ed*]

CORRECTION

Journal, April 1985, **146**, 341–347 'Understanding the Italian Experience'. The reference to Sarteschi, Cassano, Mauri & Petracca on page 347 should read (1985) Current status of psychiatric care in Italy. In *Psychiatry, Human Rights and the Law* (eds. M. Roth & R. Bluglass) Cambridge University Press.