work of GPs and psychiatrists.

I myself am a GP in the NHS. I care for ten addicts. I see them each week, sometimes twice weekly. Of course I receive no payment other than the normal capitation fee of £6 per annum.

As an organization we agree with most of the statements in the DHSS Report, but feel it is too narrow, insufficiently clear and contains too many vague words, phrases, subjective judgments and contradictions. It does nothing to dispel and much to reinforce the myths and misunderstandings that abound in our society about drug addicts. It makes no attempt to assess the country's drug problems as a whole or to assess the black market and the many connections between crime and addiction. We feel that such an assessment is vital before there can be successful treatment and rehabilitation.

The Report points out important problems but does not discuss them. It describes the hopeless inadequacy of the present system, yet goes on to recommend more of the same. It points out that only a minute proportion of addicts attend clinics, but then discusses the problem as though these addicts are the whole problem. It makes no attempt to discuss why the vast majority of addicts (perhaps as many as 95 per cent) refuse to go to clinics, and it reveals a belief that we cannot share in the effectiveness of committees. It considers neither the needs of stable addicts nor how to help other addicts to become stable. It does not question current prescribing policies, though these have aroused much controversy and dissent. It makes suggestions for the extension of the present licensing system in a way which we believe would cause a considerable increase in crime and distress throughout the community. It fails to discuss the fact that informed opinion is deeply divided about the way in which Britain tackles her drug problem, or the fact that there are totally different, though equally serious, points of view. It makes no criticism of the clinics but much criticism of independent doctors. It makes no mention of the fact that many people believe that it is with GPs at least as much with clinics, that solutions are likely to be found. It tends to invoke planning without any clear statement of what the planning concerns. Overall, it omits so much that a proper balance of emphasis is made impossible.

Our proposals:

1. There should be an important inquiry into the whole problem of drugs in our society. Until that is done we should be aware of the fact that we do not know what we are trying to control.
2. Boundaries for clinics should be adjusted so that no addict is deprived of a clinic, should he wish to attend one.
3. The prescribing of 'Diconal' should be restricted, but further prescribing restrictions should await greater knowledge.
4. Encouragement and payment should be given to GPs to look after addicts on their lists, and information and training should be easily available to them.
5. Co-operation between independent doctors and clinics should be encouraged by all possible means.

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(See also news items on page 195.)

Where are the resources needed the most?

DEAR SIRS

Dr Brooks (*Bulletin*, August 1983, **7**, 148) raises important points with implications for the nature and practice of psychiatry in general and community psychiatry in particular. We are preparing a further paper along these lines. Perhaps, however, we could make one or two specific comments.

Establishing the Mental Health Advice Centre gave a community psychiatric base in Lewisham which had previously had none. Monitoring the centre's work from the start soon drew attention to the needs which were being met and those which were not. This led to the development of a Crisis Team based at the Centre whose work has been described (Tufnell *et al*) and which deals largely with severely ill individuals of the type Dr Brooks mentions. A Rehabilitation Team has been set up at the Centre which will be concerned with psychotic patients and this will be reported upon.

We can assure Dr Brooks that the Mental Health Advice Centre has had catalytic effects on cognate services in Lewisham, including the psychogeriatric service, which is now the responsibility of other consultants whose number is now increased by the first Professor of Psychogeriatrics in the United Kingdom, one of whose tasks will be to improve services in Lewisham.

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REFERENCE

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Insanity and genius

DEAR SIRS

It would appear your correspondents (*Bulletin*, March 1983, **7**, 55) are not familiar with the literature on the

association between psychosis and genius, otherwise they would surely not have dismissed the possibility so cavalierly, i.e. without providing some negative evidence in support of their assertion of mythicality. Can I therefore briefly mention a few of the studies which refute the 'mythicality' of an association that is strongly held in the popular imagination?

Lange-Eichbaum[1] found that, of a group he considered the outstanding geniuses in human history, almost a half had at some time suffered from psychosis. Karlsson[2] showed, in a sample of 132 world-famous creative persons, that their lifetime risk of psychosis was consistently of the order of 25–40 per cent (philosophers having the highest rate). Various personality (MMPI)[3,4] and projective (Rorschach)[5] test studies have purported to demonstrate a 'schizophrenic' personality structure in persons of creative genius, such as renowned American architects, painters and writers. The loosening of associations in such individuals leads to heuristic 'lateral' (De Bono) or 'allusive' thinking, reminiscent of the tangentiality of schizophrenic thought disorder. These people put together ideas or imagery most of us would not; they prefer complexity and novelty. To give but a few examples: Sir Isaac Newton and Michael Faraday were psychotic by middle age, Oliver Cromwell and Abraham Lincoln had their spells of madness, as had William Pitt the Elder and Younger. Goethe (whose sister was also psychotic), Kant, Nietzsche, Schopenhauer, Mendelssohn, Schubert, Wolf, Schumann, Wagner, Guy de Maupassant and probably Edgar Allan Poe and Victor Hugo all had psychotic periods. Siegfried Sassoon, Florence Nightingale and Nijinsky were all mentally unstable. The psychoanalysts Tausk and Reich had tragic ends, as did Frank Fish and Richard Asher.

Insanity might also be linked to genius in corollary fashion, i.e. close blood relatives might show an elevated risk of psychosis. Thus Karlsson[6] showed that the likelihood of being listed in the Icelandic Who's Who was almost twice as high for close relatives of psychotic patients (especially manic-depressives) as for the population at large. Juda[7] surveyed a large group of gifted Germans with similar results Myerson and Boyle[8] reported an elevated psychosis rate in eminent American families. The fathers of Shelley, Chaplin and Hans Christian Anderson, the sisters of Charles Lamb and Tennessee Williams, the brothers of the Brontë sisters and of Victor Hugo (whose daughter was also affected) were all known schizophrenics. The mother of Camus, the sons of Einstein and Coleridge, Wordsworth's daughter and sister may, too, be mentioned in this context.

The evidence for an association is persuasive rather than conclusive. The definitive studies have yet to be done, but there is surely a prima facie case which merits more than a blanket dismissal.

(It is interesting in this context that your correspondent (*Bulletin*, July 1983, 129) referred to Arthur Koestler as being especially perspicacious in terms of creativity, in the light of the recent suicide of him and his wife.)

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Cambridge Group Work

Cambridge Group Work was formed in 1975. Its object is to provide experience in groups for training, personal growth and therapy, as well as theoretical training and opportunities for research. Last season a total of 67 persons took part in one or more of the Cambridge Group Work activities. In addition to the annual courses, supervision seminars were introduced for those who conduct groups as part of their professional work. Conductors were provided for sensitivity groups and staff supervision in various institutions. Group-analytic psychotherapy is also provided.

The programme for 1983/84 may be obtained from Mrs Julie Aston, 4 Manor Walk, Fulbourn, Cambridge CB1 5BN.

Help in research and writing research papers

Junior authors of papers submitted to the *Journal* but rejected may now turn to the Research Committee for assistance. The Secretary of the Committee (Dr Sheila Mann at the College address) is prepared to find an adviser who will give the author some guidance on how to write research papers.

In 1980 the Research Committee produced a free leaflet entitled 'Hints on Research'. This has been circulated to all tutors and is available to any individual who requests it from Miss Jane Boyce at the College address. The leaflet makes suggestions on how to find a subject for research, how to plan it in some detail, and where to seek for funds.