the category fallacy which Gilbert Ryle (1949) described as the 'dogma of the Ghost in the Machine'. There is no empirical evidence of a single cortical area which all other cortical areas report exclusively to either in the visual or in any other system (Zeki, 1993). This suggests both that the brain must be using a different strategy for generating integrated mental experiences (i.e. solving the binding problem) and for answering the question of *who* is looking at a visual image. The current hypothesis, which is in itself inadequate, is that our awareness of our mental experiences as an integrated whole is the result of the synchronised firing of all the neurones symbolising all the different attributes of, for example, a single object (shape, colour, movement, etc) (Crick, 1994). In other words, our unified perceptual experiences do not depend upon an homunculus.

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## Lead-in placebo washout period

SIR: A reviewer of the multi-centre risperidone trial report pointed out the dubious utility of the one week lead-in washout period (Johnson & Johnson, 1995). This is an important issue that merits attention. The principal purpose of the washout period is to metabolise and eliminate the previous medication. As the reviewer points out, and as available data demonstrate (Cohen *et al*, 1988), one week is far too short to accomplish that goal. Nevertheless, sudden discontinuation of the previous treatment for several days may result in clinical deterioration; in this risperidone trial, the deterioration was severe enough to necessitate a shortened washout in 17% of the patients (Peuskens, 1995). Delaying treatment or withdrawing it has ethical and economical costs. If the principal purpose of the washout period is not achieved, why incur these costs?

To answer this question, it may be suggested that a partial washout is better than none. But I am not sure that this is self-evident. Another possible justification is that the washout period allows the establishment of the "true baseline" (Kane *et al*, 1994). But it is not clear what the "true baseline" means. If it means psychopathology in an untreated state, this would not apply to patients who have been receiving treatment until a week ago and whose brains still contain substantial amounts of the medication. Furthermore, placebo washout period might be justified as a method to screen for and eliminate placebo responders. But data on placebo responders eliminated from antipsychotic trials are hard to find. Finally, one might say that the washout is needed to eliminate the effects of the street drugs. But this purpose could be met in other ways, without withdrawing or delaying antipsychotic medication.

The washout period was introduced decades ago; at that time, pharmacokinetic data were not available, and ethical as well as economical concerns were different. The merits of the washout were questioned and an alternative method using an initial low-dose haloperidol treatment period was suggested (Hirsch & Barnes, 1990). Nevertheless, the washout period continues to be a standard component of antipsychotic trials. It is time to reconsider its justification.

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## Obstetric complications in schizophrenia

SIR: The interesting findings of the British Perinatal Mortality Survey study by Sacker *et al* (1995) which found an excess of obstetric complications (OCs) in