In all published work it would appear to be the patient with serious rheumatoid disease which is seropositive and of moderately long duration who is particularly susceptible to infection. These patients may show little fever or leukocytosis. But deterioration in their general state, an exacerbation in only a few joints, a sudden rise in the erythrocyte sedimentation rate, and particularly the occurrence of rigors should make one suspect infection. In patients on corticosteroid therapy sudden collapse should never be attributed simply to adrenal insufficiency, or infection will be overlooked. The presence of an open sore should also be regarded with grave suspicion.

There is no known way of preventing these infections, but early suspicion and appropriate action by searching in the chest, urine, blood, joints, and so on will lead to earlier diagnosis, so that suitable antibiotic therapy and other necessary measures can be instituted.

3 Walker, W. C., Quarterly Journal of Medicine, 1967, 36, 239.

### Stress and the Schizophrenias

"Schizophrenia" is the most used and the most abused term in psychiatry today. The fact is that both as a noun and as a nosological concept it is of relatively recent origin—as recent indeed as 1911, when it was first introduced into the literature by Eugen Bleuler.1 It should be emphasized that he then spoke of "the group of schizophrenias," indicating the diversity of the conditions he included under this umbrella term. It is no fault of his that in succeeding decades the concept has been narrowed, so that "schizophrenia" is now used in the singular as though it were a unitary disease like measles or mumps or a fracture of the middle third of the femur, each with a known aetiology, a recognized life history, and a calculable prognosis. So much has the term schizophrenia been debased that it has become meaningful only in accordance with its usage in a particular country. Nor need there be a high level of agreement between individual psychiatrists practising in the same country whose training or orientation may differ widely. Thus the term may have a meaning in the U.S.A. which is unacceptable in Great Britain, and in either or both countries it could easily be interpreted differently by alienist A and psychoanalyst B. That confusion has become worse confounded is evident to any one who has attempted to sift through a mountain of literature in order to discover a nugget of scientific gold.

A recent paper by Surgeon Captain G. G. Wallis2 comes near to being one of those rare discoveries, if for no other reason because it carries so many of the hallmarks of scientific method. The sample he studied is well defined and relatively homogeneous, the methodology precisely explained and adhered to, and the objective kept firmly in his sights. What is even more important is that the psychiatrists making the diagnoses are all Royal Navy medical officers who have a close relationship with each other, so guaranteeing a high degree of uniformity in their thinking and clinical practice. The diagnoses themselves are in line with accepted international standards.

The sample consists of 512 naval personnel, 476 men and 36 women, invalidated from the Service between 1947 and 1956 with a diagnosis of a specified variety of schizophrenia. The mean age was 23.9 years. With the exception of a mere 19 all the patients were followed up until 30 June 1961 and an assessment made of their progress on six clinical and employment criteria. It was the estimation of stress as a predictor of the outcome of the schizophrenic illness that was specifically aimed at, and in all cases this was made before the assessment of the follow-up. To this end each of the patients in the sample was scored as objectively as possible for six varieties (units) of stress—that is, Service, family, marital, physical, personal, and other during the two months immediately before the estimated onset of the illness. Of the six units of stress no patient had more than three, and the more units per patient the higher was the incidence of physical and the lower that of personal stress.

What emerges clearly, and is validated by statistical analysis, is that the more stress to which the patient has been subjected the better the outcome of the mental illness as measured in the follow-up by a shorter time spent in mental hospitals and a higher capacity for work. Furthermore, stress as a predictor appeared to act independently of other pre-morbid factors. What is most important is that there were no significant differences between the individual types of stress in relation to indices of outcome. This was so, surprisingly enough, in relation to personal stress defined as "those facets of personality which makes living less easy" and which could be assumed to militate against adjustment to Service life. In this particular respect the results are at variance with other studies.

The inverse ratio between severe stress and favourable outcome would appear at first glance to be paradoxical. But then, as every psychiatrist knows to his cost, "schizophrenia" is a most perversive illness.


### Research on the Fetus

Disquiet about the use of fetuses for research is not restricted to the lay public. Some members of the medical profession share it. This is evident from the report1 issued last week by an Advisory Group set up by the Health Departments two years ago. Its chairman was Sir John Peel, lately President of the Royal College of Obstetricians and Gynaecologists and this year President of the B.M.A., and its terms of reference were to consider the ethical, medical, social, and legal implications of using fetuses and fetal material for research.

In the lay, as in the medical, mind there is a clear distinction between using the tissues of a dead fetus and experimenting on a live fetus. The Advisory Group is careful