1996). Eighty-one cases of diabetes have been reported following clozapine treatment worldwide (personal communication with the CPMS).

The patient improved on a regimen of subcutaneous isophane insulin.

Kostakoglu, A. E., Yazici, K. M., Erbas, T., et al (1996) Ketoacidosis as a side-effect of clozapine: a case report. *Acta Psychiatrica Scandinavica*, **93**, 217–218.

M. Pierides Brixton Road Community Mental Health Centre, 332 Brixton Road, London SW9 7EA

Sigmund: a European database of mental health surveys

Sir: General population studies of mental health are costly to implement and the large databanks which they produce are often under-exploited. New studies are often launched for which data are available but unknown. With the support of the European Union's BIOMED programme, we have undertaken the development of a European mental health database which centralises information on all known health surveys and general population epidemiological studies which have a mental health component. Computer software has been developed which permits us to register each study, including information such as pathologies targeted according to ICD–10 and ISIDH criteria, nature of population, financial sponsorship, time period, diagnostic criteria, instruments used, publications, accessibility and cost of data, etc.

This database may be consulted free of charge (except where extensive printouts, or copies of the original protocol are requested). Examples of the wide variety of enquiries which may be answered by Sigmund are: "Where have longitudinal studies of depression been conducted in Europe and with what age group?"; "Who has funded studies of alcoholism?"; "Is information available on child mental health in Spain and can this be accessed free of charge?"; "Which longitudinal studies of dementia have published incidence data?"; "Which instruments have been used to investigate population mental health in Greece and Italy?", and so on.

At present, 68 surveys have been registered from 11 European countries. The database is not complete and we would like to call on colleagues around Europe to send us details of any mental health studies which have been conducted in their country and are not yet registered. Any costs involved in procuring such information will be met by the databank coordination. We also invite persons for whom this utility may be of use (researchers, clinicians, policy-makers, help organisations, etc.) to consult the database freely by contacting us at the address below.

C. Polge Equipe "Vieillissement cognitif", CRLC, Val d'Aurelle, F–34298 Montepellier Cedex 5, France. Tel: (+33)04 67613028. e-mail: catherine.polge@dicdoc.inserm.fr

Influenza and schizophrenia

Sir: I am grateful for Adams & Kendell's (1997) agreement on the interpretation of the earlier correspondence (Crow, 1996, 1997) but I am still puzzled by the second part of their commentary. It is difficult to see how the findings of Mednick *et al* (1988) can be attributed to a pathogenic effect of influenza except on the basis of hypothesis (a) ("that the offspring of the entire population of women in the second trimester of pregnancy at the time of an influenza epidemic will be twice as likely to develop schizophrenia as the offspring of an unexposed population"; Adams & Kendell, 1997). Therefore, the question arises on what basis was Adams & Kendell's hypothesis (b) ("that the offspring of women who actually contract influenza during the second trimester of pregnancy will be twice as likely to develop schizophrenia as the offspring of women who do not") formulated? It appears to be unrelated to the original claim.

Adams, W. & Kendell, R. E. (1997) Influenza and schizophrenia (letter). *British Journal of Psychiatry*, **170**, 578–579.

Crow, T. J. (1996) Influenza and schizophrenia (letter). *British Journal of Psychiatry*, **169**, 790–791.

— (1997) Influenza and schizophrenia (letter). *British Journal of Psychiatry*, **170**, 578.

Mednick, S. A., Machon, R. A., Huttunen, M. O., et al (1988) Adult schizophrenia following prenatal exposure to an influenza epidemic. *Archives of General Psychiatry*, **45**, 189–192.

T. J. Crow Warneford Hospital, Headington, Oxford OX3 7JX

One hundred years ago

Lunacy in London

The London County Council has to encounter great difficulties in dealing with the yearly increasing numbers of insane patients. The Asylum Committee require to exercise skill, tact, discretion in no ordinary degree. Already the accommodation of the various asylums is overstrained, and that in spite of temporary measures. A "normal" rate of increase of 600 patients per annum is an appalling fact; but it must be faced. The whole question was considered at the Nottingham meeting of the Medico-Psychological Association, and we shall return to a consideration of the question on the publication of Dr. Rayner's paper on the "Housing of the Insane."

Lunacy in Edinburgh

Edinburgh has been called upon to consider the impossibility of continuing the present arrangements in respect of the insufficiency of the accommodation for the pauper insane. A new asylum is to be built, and an order has been issued by the General Board of Lunacy, with the approval of the Secretary for Scotland, dividing the former Edinburgh City Lunacy District into two new districts. The pauper division of the Royal Edinburgh Asylum will thus be relieved of the pressure on its space by the removal of all patients chargeable to the parishes of Edinburgh, and will in future only receive cases from the parishes of Leith and Duddingston.

REFERENCE

Journal of Mental Science, **XLIII**, April 1897, 426.

Researched by Henry Rollin, Emeritus Consultant Psychiatrist, Horton Hospital, Epsom, Surrey

https://doi.org/10.1192/S0007125000147385 Published online by Cambridge University Press