

Archives of General Psychiatry

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January 1979 Vol 36, No. 1

Editor's Note

In May, 1978, some of the many friends of Eli Robins held a scientific symposium at Washington University to mark the 12 years of his chairmanship of Psychiatry, as he stepped up to again concentrate full-time on research. The first six articles in this issue (Spitzer et al; Kendell et al; Watson et al; Winokur; Goodwin; and Murphy et al) stem from that celebration.

The foresight, focus, and force of Dr Robins and the Washington University group has significantly affected contemporary clinical investigations, and brought to the theory and practice of diagnostics an emphasis on operationally explicit criteria, and an emphasis on the utility of retrospective and prospective studies of mental dysfunction. Course and outcome, familial diagnoses, and premorbid status are now increasingly attended to as American psychiatry sharpens and pursues its multiple skills in practice, therapeutics, and research.

What has been gained is not universal agreement, final answers, or untempered approbation of Dr Robins' works or views—a response he would not tolerate, preferring the court of continuing scientific evidence and argument for adjudication. Rather, the grounds on which disorders are differentiated are becoming sufficiently clear to provide an improved evidentiary basis for disagreement or agreement, and for identifying the necessary next steps for needed new knowledge.

From this desk, one sees a general and distinct thrust towards operational and conceptual explicitness in the descriptive, biobehavioral, developmental, psychoanalytic, therapeutic, and service aspects of psychiatry. This trend promises unanticipated gains in our growing grasp not only of individual variability but of the varieties of reliably classifiable groups of disordered behavior, their roots, and rational remediation. To note this evolution towards a systematic basis for psychiatry is to recognize many leaders, practices, and works and on this occasion, the tangible mark of Eli Robins' persistence and vision.—Ed

ORIGINAL ARTICLES

Crossing the Border Into Borderline Personality and Borderline Schizophrenia

Robert L. Spitzer, MD; Jean Endicott, PhD;

Miriam Gibbon, MSW, New York 17

Prognostic Implications of Six Alternative Definitions of Schizophrenia

R. E. Kendell, MD, FRCP, MRCPsych;

I. F. Brockington, MD, MRCP, MRCPsych;

J. P. Leff, MD, MRCP, MRCPsych, Edinburgh 25

Some Observations on the Opiate Peptides and Schizophrenia

Stanley J. Watson, MD, PhD;

Huda Akil, PhD;

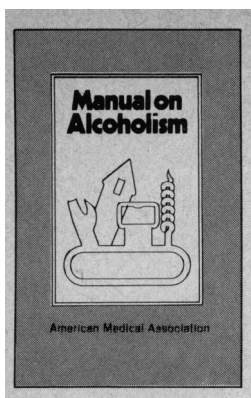
Philip A. Berger, MD;

Jack D. Barchas, MD, Stanford, Calif 35

Unipolar Depression

George Winokur, MD, Iowa City 47

(Contents continued on page 7)



CONTENTS—continued

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Alcoholism and Heredity
Donald W. Goodwin, MD, Kansas City, Kan. 57

Suicide and Alcoholism
George E. Murphy, MD, St Louis;
John W. Armstrong, Jr, MD, Lewiston, Idaho;
Stephen L. Hermele, MD, Goshen, NY;
John R. Fischer, MD;
William W. Clendenin, MD, St Louis 65

Use of Calcitonin in Psychotic Agitation or Mania
John Scott Carman, MD,
Richard Jed Wyatt, MD, Washington, DC 72

A Rapid and Sensitive Radioreceptor Assay for Benzodiazepine in Plasma
Phil Skolnick, PhD, Rockville, Md;
Frederick K. Goodwin, MD;
Steven M. Paul, MD, Bethesda, Md 78

Successful Separation of Depressed, Normal, and Insomniac Subjects by EEG Sleep Data
J. Christian Gillin, MD; Wallace Duncan;
Karen D. Pettigrew, MA;
Bernard L. Frankel, MD;
Frederick Snyder, MD, Bethesda, Md 85

Electroencephalographic Similarities Between Chronic Alcoholics and Chronic, Nonparanoid Schizophrenics
Roger W. Coger, PhD; Anthony M. Dymond, PhD;
E. A. Serafetinides, MD, PhD, Los Angeles 91

Flurazepam Effects on Sleep EEG
Irwin Feinberg, MD; George Fein, PhD, San Francisco;
James M. Walker, PhD, Santa Cruz, Calif; Leonard J. Price, PhD;
Thomas C. Floyd, MA; Jonathan D. March, San Francisco 95

Short and Long Sleep and Sleeping Pills
Daniel F. Kripke, MD; Ruth N. Simons, San Diego;
Lawrence Garfinkel, MA; E. Cuyler Hammond, ScD, New York 103

Index to Advertisers 2

Instructions for Authors See November 1978 p 1287