Stigma of mental illness in Japan

Sir—The World Psychiatric Association (WPA) has started an international programme aiming to develop tools that will make it easier to fight stigma and discrimination because of schizophrenia.[1] Japan's psychiatric society decided to change the Japanese name of schizophrenia to help dispel prejudice against people who have the illness.

The Japanese Society of Psychiatry and Neurology will announce the change of the name from *seishi buntetsu byo* (split-mind disorder) to *togo shiccho sho* (loss of coordination disorder) at the World Congress of Psychiatry in August, 2002, Yokohama, Japan. In 1993, the National Federation of Families with Mentally Ill in Japan requested the psychiatric society to change the name of the illness, which was first adopted in 1937 on the basis of a translation of *schizophrenie*, the German name for the illness, which literally means split mind.

In Japanese society, the social expectation is that supervision or caring for people who have disorders associated with loss of mental and behavioural self-control will be borne by the patients or their families. Thus mental illness is not viewed as something that requires professional treatment.

The loss of mental self-control is essentially seen as something over which the person is unable to exercise will power.[2] Japanese are socially programmed to feel a sense of shame if they lack this will power. Although treatments are available for many mental-health disorders, almost two-thirds of sufferers never seek help from a health professional. There is an urgent need in Japan to make ordinary people aware that some mental disorders can be prevented and most behavioural disorders can be successfully treated, and many patients with mental illness can resume normal, fulfilling, and productive lives in society.[3]

Mental-health disorders are among the main causes of disease and disability in the world. Depressive disorders are now the fourth leading cause of the global disease burden, and it is estimated that they will rank second by 2020, behind only ischaemic heart diseases.[4] WHO revealed that stigma, discrimination, and neglect prevent care and treatment from reaching people affected with mental illness. The tackling of stigma is an important first step in reducing the public health burden of mental illness. Proper policies are needed that urgently address the underlying issues of mental illness;[5] without them, the gains made in the past 40 years in reducing child and maternal mortality, increasing life expectancy, and lowering the burden of infectious diseases will be offset by the growth of mental and behavioural disorders.

Policy makers are often constrained by competing demands for financial assistance dealing with mental health issues. It is time international agencies and national governments and professional organisations invested in mental-health services as a significant part of their development strategies.

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1 Sartorious N. Stigma: what can psychiatrists do about it? *Lancet* 1998; **352:** 1058–59.
2 Munakata T. Japanese health perception. *Jurist* 1986; **44:** 30–35.
3 Desapriya EBR, Nobutada I. Suicide in Japan: new trends. 6th World Conference on Injury Prevention and Control, Montreal, Canada, May, 2002.
4 Murray CJL, Lopez AD. Alternative projection of mortality and disability by cause, 1990–2020: Global Burden of Disease study. *Lancet* 1997; **349:** 1498–504.
5 Editorial. Reducing the stigma of mental illness. *Lancet* 2001; **357:** 1055.

Mescaline use for 5700 years

Sir—Archaeological investigations in northeast Mexico and Trans-Pecos, Texas have shown that the use of psychotropic drugs in this region goes back to around 8500 BC. The aboriginal inhabitants of this region used the mescal bean, *Sophora secundiflora*, and buttons from the peyote cactus, *Lophophora williamsii*.[1]

From an archaeological site in Coahuila, Mexico, several peyote buttons were retrieved and radiocarbon-dated to AD 810–1070. Alkaloid analysis revealed the presence of mescaline and four related tetrahydroisoquinoline alkaloids.[2] We have, however, analysed two much older samples of peyote buttons. These samples are thought to have been found in Shumla Cave number five on the Rio Grande, TX, USA, and are in the collection of the Witte Museum in San Antonio.[3] Radiocarbon dating showed a mean age of 5700 years.

Standard alkaloid extraction procedures done on the samples gave residues that were analysed by thin-layer chromatography and gas chromatography-mass spectrometry. We were able to identify mescaline in both samples, based on identical retention times and Rf values, and similar mass-to-charge ratios and fragmentation pattern. The detection of mescaline in two different samples, both analysed by two methods based on different principles, is reliable evidence for the presence of this psychotropic drug.

Freshly prepared peyote buttons can contain up to 8% of total alkaloids. The previously studied 1000-year-old sample had a lower content, around 2·25%. In our analysis, alkaloid content had fallen to 2%, and mescaline was the only peyote alkaloid we could identify. There was no trace of any of the other tetrahydroisoquinoline alkaloids typical for peyote.

Earlier, nicotine and caffeine had been identified in plant remains from a medicine man's tomb in Bolivia, aged 1600 years.[4] Morphine has been found in a 3500 year old ceramic container from Cyprus.[5]

From a scientific perspective, the studied peyote material seems to be the oldest plant drug that yielded a major bioactive compound on chemical analysis. From a cultural point of view, our identification of mescaline strengthens the evidence that Native Americans already recognised and valued the psychotropic properties of peyote as long as 5700 years ago.

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1 Adovasio JM, Fry GF. Prehistoric psychotropic drug use in northeastern Mexico and Trans-Pecos Texas. *Econ Bot* 1976; **30:** 94–96.
2 Bruhn JG, Lindgren J-E, Holmstedt B, Adovasio JM. Peyote alkaloids: identification in a prehistoric specimen of *Lophophora* from Coahuila, Mexico. *Science* 1978; **199:** 1437–38.
3 Boyd CE, Dering JP. Medicinal and hallucinogenic plants identified in the sediments and pictographs of the Lower Pecos, Texas Archaic. *Antiquity* 1996; **70:** 256–75.
4 Bruhn JG, Holmstedt B, Lindgren J-E, Wassén SH. The tobacco from Niño Korin: identification of nicotine in a Bolivian archaeological collection. *Ethnogr Mus Gothenburg Annu Rep* 1976; 45–48.
5 Bisset NG, Bruhn JG, Zenk MH. The presence of opium in a 3500 year old Cypriote base-ring juglet. *Egypt Levant* 1996; **6:** 203–04.

DEPARTMENT OF ERROR

Chronic fatigue syndrome: a step towards agreement—A typographical error in paragraph 4 of this Commentary by Christopher Clark and coauthors (Jan 12, p 97) may cause some confusion. Only four of the six dissenters were clinicians, as described lower down the paragraph.