Mae French is fair, fat, and frequently hears voices. She has a flat affect and regularly fails to take her asthma drugs. Otherwise she does not strike you as being particularly disturbed, at least not on a cursory encounter. She finds the voices annoying and wishes they would go away.

Mae is under two psychiatrists whom she visits in a truly double-blind randomised fashion. Their failure to communicate with each other must be blamed on the circumstance that neither one knows of the other’s existence. Their joint efforts, however, have resulted in Mae taking at various times chlorpromazine, haloperidol, thioridazine, and fluphenazine—to little avail.

Meanwhile the illustrated magazines that keep us up to date report that “Clozaril” is a medical breakthrough for schizophrenia. The headlines in the financial newspaper announce that “Clozaril treats schizophrenia but kills people.” The throwaways confirm the news. No need to look up the peer reviewed literature or send the latest student victim to do a computer search.

We learn later that clozapine is a dopamine receptor antagonist that causes minimal elevation of prolactin levels and also has serotonergic, adrenergic, histaminergic, and cholinergic blocking activity. This is neither here nor there but could make nice slides for the two psychiatrists who haven’t yet found each other. More to the point is a testimonial in a throwaway about a woman with schizophrenia who before treatment was dishevelled and had unsatisfactory hygiene (we never say dirty). She had all the symptoms in the book and they all improved dramatically with clozapine.

The drug is no panacea, it seems. Some 40% of patients are said not to respond, but it is more effective than the older drugs. In one study 32% of patients with refractory schizophrenia improved compared with 2% with chlorpromazine. Extrapyramidal reactions are rare, and most other side effects are acceptable. In 2% of patients, however, agranulocytosis develops, and 43 people have died in Europe.

Yet Mae’s two psychiatrists would undoubtedly agree that her condition warrants a trial of the drug. Better than roam the streets of Chicago in the winter and be counted as one of the homeless by the liberal
It is now deemed safe to sleep under a full moon

Of course there has been talk of the state picking up the tab for the indigent, either voluntarily or as a result of a class action suit. Either way, this episode goes a long way to explain why by the year 2000 the cost of medical care is expected to rise to $5000 a year for every American, a total of $1.6 trillion, or 15% of the total national product. Much of this money goes to administration (20%), regulators, inspectors, paperwork, lawyers, malpractice premiums ($45 billion) and above all to the enormous hidden cost of defensive medicine ($12-14 billion).

Thus in a financial newspaper this year an internist working in a 430 bed hospital estimated the cost of complying with regulations and mandated paperwork in his hospital at $8 million a year. The hospital has an administrative supporting staff of 140 people who review charts, duplicate documents for outside agencies, or work in medical records or other offices to comply with all the requirements. In addition there are countless hours spent on paperwork by doctors, nurses, pharmacists, and other professionals. I should add that recently three teams of inspectors, each representing a different watchdog, came to a certain hospital on the same day. They spent considerable time fighting over who should view the patient records first.

Many pessimists, moreover, believe that matters will have to get worse before they get any better. Few think that Mae will get clozapine in our time. They console us with the thought that if Mae were to be put into an institution she would soon rise to a top administrative job. In most instances, they say, a flat affect and hearing voices should not interfere with writing regulations or carrying out routine inspections of hospitals. Putting the inmates in charge, so to speak, has been a wildly successful experiment with the educational establishment. It is highly effective, safer than clozapine, and illiteracy is the only troublesome side effect.

Putting the lunatics in charge of the asylum, however, is now longer possible. This is because most of the asylums have been closed and their former clients now wander freely about the town carrying brown paper bags and sleeping under bridges. There are likewise no more lunatics, modern science having disproved any effect of the moon on human behaviour, this despite the authority of Aristotle, Galen, and Pliny the Younger. The moon does not seem to cause illnesses, it does not make babies mad, it does not even drive people to commit crimes. Even the dreaded risk of lycanthropy, of people being transformed into wolves, seems to be minimal. And the Neapolitan women standing naked in the moonlight to increase the size of their breasts would have done better to have consulted a plastic surgeon.

Equally misguided were the farmers who would not plant their fields or shear their sheep by moonlight. It is now deemed safe to sleep under a full moon, to gaze in the face of the moon, to expose your baby to the moon. Only the migration of the salmon and the spawning of certain sardine-like fish has been definitely related to the increased light of a full moon. Most reports on the effects on man are negative, as is a recent meta-analysis of all studies ever carried out. Incidentally, this analysis indicates that it would require some 60,000 subjects to demonstrate a statistically significant effect, a project now under consideration by our top regulators.

1 Meehan Hospital tells the cost of regulation Wall Street Journal 1990 June 26
2 Frasca M. Moon madness: folklore and fact Phaerus Summer 1990 12 4