In January 1974 Joseph F. Lipinski was placed in charge of a new research ward at McLean Hospital that had been set up specifically to study patients with schizophrenia. Harrison G. Pope, a first-year psychiatric resident, joined him there in July 1974. While treating patients on this ward, we grew skeptical that patients admitted with that diagnosis had generally found a robust hereditary component in schizophrenia as defined by older “broad” criteria. But now in 1988, even our findings on heredity in schizophrenia seem less controversial: among the nine family-interview studies of schizophrenia published in the last five years, the median heritability among first-degree relatives of schizophrenic probands has been only 1.8 percent—a figure little greater than the expected rate of schizophrenia in the general population.

In conclusion, we are tempted to speculate—at the risk of stirring controversy for a third time—that, over the next few decades, the term “schizophrenia” may come to have less and less meaning, and far less significance, as it describes an ever-smaller residual group of patients with various unrelated idiosyncratic, chronic psychiatric disorders. Only time can tell whether this third impression—an unpopular one, we fear, in many circles—will be justified.

Our review of phenomenonologic, diagnostic, familial, and treatment response studies indicated that putative “schizophrenic” symptoms were non-specific and occurred commonly in manic-depressive illness as well as in schizophrenia. We suggested that schizophrenia was therefore overdiagnosed and manic-depressive illness underdiagnosed among American psychiatric patients. (The SCID and SCL indicate that this paper has been cited in over 335 publications.)