

Origin of Species,² and when Darwinian principles have become the organising framework for all biological sciences, continue to think in pre-Darwinian terms. Dr O'Connell's letter³ is therefore a welcome reminder of this rather anomalous state of affairs.

The most common challenge leveled at evolutionary approaches to mental disorders is that they are 'just so' stories (i.e. that they are untestable and irrefutable). This challenge can be easily met. Evolutionary-based hypotheses are propositions that stand or fall by the evidence and by their predictive value and should be discarded if refuted. Hence, the evolutionary theories that propose that schizophrenia is a disorder of the social brain^{4,5} or related to the evolution of brain asymmetry and language⁶ await support or refutation by empirical evidence. Similarly, the theory that eating disorders (an area where non-evolutionary theorising has been particularly sterile) represent disorders of female mating strategy^{7,8} will be tested and discarded or amended based on empirical evidence.

One major insight of evolutionary theory is that species not only have traits and characteristics but also a distinctive history during which these traits were shaped by a process of natural and sexual selection. And it is the careful piecing together of this history, utilising evidence from a myriad of disciplines (archeology, geology, primatology, molecular biology, etc.) that produces the consilience of evidence that is unique to the evolutionary approach.⁹ Thus, placing the human mind back within the realm of evolutionary biology where it belongs has the potential of generating insights that would otherwise be impossible to conceive. It is rather intriguing that there is a determined and vocal opposition to the application of Darwinian theory to human psychology, and the mind there has almost no objection to the hermeneutic approach to psychiatry, which is a

self-confessed antiscientific approach that excludes mental phenomena from the laws of causality altogether. Is it time to for our College to consider incorporating evolutionary psychiatry/psychology into the training curriculum for the MRCPsych? Also, is the time ripe for members/fellows of the College to form a College special interest group and to demand sessional time at the College Annual Meeting to present and debate research and theoretical work within these fields?

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- 3 O'Connell HP. Attachment disorders: an evolutionary perspective. *Br J Psychiatry* 2007; **191**: 459.
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Riadh T. Abed, Rotherham District General Hospital, Moorgate Road, Rotherham, South Yorkshire S60 2UD, UK. Email: abedr@btinternet.com

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Correction

Birth weight of infants after maternal exposure to typical and atypical antipsychotics: prospective comparison study. *BJP*, **192**, 333–337. The number of mothers using trifluoperazine, including polytherapy, is 3; the total number using atypical antipsychotics, excluding polytherapy, is 15; the number using amisulpiride, excluding polytherapy, is 0: these data were reported incorrectly in Table 1 (p. 335). The mean birth weight of infants exposed to atypical antipsychotics, including cases with weight-altering concomitants (p. 335, Table 2, col. 3, row 1) was 3391 g (s.d.=446), not 3291 g (s.d.=446) as reported.

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