Celebrating the Work of William T. Carpenter Jr

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On June 11, 2013, the University of Maryland School of Medicine and Department of Psychiatry sponsored a Festschrift Seminar to honor William T. Carpenter, Jr. This special supplement to Schizophrenia Bulletin presents the scientific articles delivered at the Festschrift. The articles by intent span the considerable scientific career of Dr Carpenter, and in effect capture the progression of our scientific understanding of schizophrenia over the past half century. It has been and continues to be our honor and joy to work with Will Carpenter, and we are most pleased to share these wonderful articles with you as a continuing tribute to him.

William T. Carpenter, Jr, MD, is a Professor of Psychiatry at the University of Maryland School of Medicine and was Director of the Maryland Psychiatric Research Center from 1977 until April 2013. A native of western South Carolina, he attended Wofford College and obtained his medical degree from the Wake Forest University School of Medicine. After an internship at the North Carolina Baptist Hospital, he undertook postgraduate training at the University of Rochester Medical Center. In 1966, he began his research career with the National Institute of Mental Health (NIMH) Intramural Research Program, using neuroendocrine strategies to study the psychobiology of affective disorders. He has also been a collaborating investigator with the World Health Organization’s International Pilot Study of Schizophrenia. Dr Carpenter is the Editor-in-Chief for Schizophrenia Bulletin and has served on the editorial boards of the Archives of General Psychiatry, Biological Psychiatry, the Journal of Nervous and Mental Disease, Neuropsychopharmacology, Psychiatry Research, Schizophrenia Bulletin, Schizophrenia Research, Current Psychiatry Reports, The Asian Journal of Psychiatry, and The Shanghai Archives of Psychiatry. He has authored over 400 publications. A Past-President of the American College of Neuropsychopharmacology, he participated in the founding of the National Alliance for Research on Schizophrenia and Depression (NARSAD) and chairs its scientific program committee.

Dr Carpenter’s major professional interest has been severe mental illness, especially schizophrenia, including phenomenology of the psychoses, and the etiology, pathophysiology, anatomy, and treatment of schizophrenia. He has made original and fundamental contributions in psychopathology, assessment methodology, testing of new treatments, and research ethics. His special professional assignments include service on the NIMH Intramural Research Program Board of Scientific Counselors; he has also served as a consultant and reviewer on many topics for NIMH and the National Institutes of Health. He chaired the NIMH Research Scientist Career Development Committee and the NIMH National Schizophrenia Plan Committee on Treatment Research. Dr Carpenter has served as Principal Investigator on 5 NIMH-funded center grants and 3 NARSAD Distinguished Investigator awards. He provided expert testimony in the case of the United States Government v. John Hinckley and, in 1989, was a member of the State Department delegation to inspect the political use of psychiatry in the Soviet Union.

As part of the preparation of Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, he chaired the work group responsible for psychotic disorders. He has been the recipient of numerous national and international honorific research awards beginning with the 1979 Stanley R. Dean Award for Psychiatric Research. His other major awards include the 2000 Lieber Prize from NARSAD, the 2009 NAMI Mind of America Scientific Research Award and in 2013, the Menninger Award from the American College of Physicians and the Adolph Meyer Award from the American Psychiatric Association. In 1998, Dr Carpenter was elected to the Institute of Medicine of the National Academy of Sciences.

The flow of the Festschrift articles in this issue track the evolution of Dr Carpenter’s contributions to the field. Early in his career, he and John StraussI challenged...
the dominant single-disease paradigm of schizophrenia. They identified 3 separate domains to redefine the syndrome: positive symptoms or psychosis, negative or deficit symptoms, and impairments in social and work functions. While widely accepted today, at the time, this formulation was a major paradigm shift. NIMH officials have publicly cited the work of Carpenter and Strauss as the basis for the current emphasis on negative symptom and cognitive pathology as therapeutic targets not addressed with antipsychotic drugs.

Dr Carpenter went on to introduce the concept of the deficit form of schizophrenia, as described by Brian Kirkpatrick. Persons within this subgroup are distinguished by many clinical features, including abnormalities in functional and structural imaging, postmortem pathology, pharmacological response profile, and neuropsychological impairment. Not accounted for by severity, Carpenter and colleagues suggested a distinctive neuropathology for the deficit syndrome. In addition, the deficit form of schizophrenia is distinguished from non-deficit schizophrenia on a number of etiological risk factors, including a summer birth excess and specific genetic polymorphisms. This is the first time the 100 year challenge to define a disease entity within the schizophrenia syndrome has been successfully met. Much of this early work on redefining the syndromes of schizophrenia laid the foundation for ongoing genetic, developmental and etiological studies of psychosis.

Carpenter’s work on treatment development has been no less impressive. He published the first controlled data on 4 treatments (ie, targeted maintenance treatment, diazepam for prodromal symptoms, carbamazepine for relapse prevention, and 6-week fluphenazine decanoate injections for dosage reduction). Hemodialysis of schizophrenia ceased with his negative study reported in the New England Journal of Medicine. He documented that second-generation antipsychotic drugs lack efficacy for primary negative symptoms and has challenged interpretation of procognitive efficacy. He successfully led a multicenter study, which delineated the limitations of glutamatergic agents for the treatment of negative symptoms and cognitive impairments. His colleagues joke that he is the master of negative treatment studies, although we all recognize that repudiating ineffective treatments is essential to better and safer treatment (see Schwartz, McGlashan, Buchanan in this issue). He is currently Principal Investigator on a NIMH-funded center grant testing novel mechanisms for negative symptom and cognitive impairment efficacy.

Beyond his own scientific contributions, the Festschrift celebrated Will’s enormous role as a mentor and leader. In 1977, he became Director of a discredited research program on a state hospital campus with no patients, no brain collection, and no competitively funded investigators. The Maryland Psychiatric Research Center now has 24 research beds, 3 research clinics, a brain collection of extraordinary quality, 6 neuroscience laboratories, and core resources in neuroimaging, clinical biology, neuropsychology, psychophysiology, and biostatistics. The 20 primary faculty recruited by Carpenter receive ongoing, peer-reviewed competitive funding. An exceptional intimacy between basic and clinical scientists has created a top tier center for translational research.

In closing, we must return to early events in Will’s career. At six foot six, he is a giant in his field in more ways than one. He was a star athlete in high school and college and, at a major junction in his life, he had the option of pursuing a promising career in professional football, under aggressive recruitment by the Baltimore Colts, or becoming a physician. According to Dr Carpenter, his mother adeptly helped him to make the right choice despite his initial preference for football. He eventually made it to Baltimore, but as a quarterback for a much more enduring team than the Baltimore Colts. True to form, Dr Carpenter had the following comment on this choice: “Playing for money on Sunday instead of doing what you’re supposed to do just seemed wrong. I couldn’t do it.” We’re glad you made that choice, Dr Carpenter. And kudos to your mom!

References