

suffering and mental damage. Is it still too early to start repairing this damage for which psychiatrists are specifically responsible? Perhaps the diagnosis should be reserved to the small hard core of severe and irreversible cases, still with emphasis on the normal aspects and the potential for rehabilitation.

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#### SEASON OF BIRTH AND FAMILY HISTORY

DEAR SIR,

Professor Kety quotes the work of his colleagues, Kinney and Jacobsen (*Journal*, May 1980, 136, 421-436), who propose that if schizophrenia is a heterogeneous disorder then, in each individual, genetic and environmental factors should be inversely related in the aetiology of schizophrenia (5).

Taking up this idea, I have examined the date of birth of all schizophrenics admitted to The Maudsley Hospital during the triennium 1967-1969. By comparing date of birth of patients with and without a history of psychiatric illness in close biological relatives, I hoped to gain clues as to the factors responsible for the observed unusual seasonality of birth of schizophrenics (1, 2, 3, 4, 6, 7).

There were 160 cases of whom 106 had no family history of psychiatric illness, and in 14 cases the family history was unknown, leaving 40 cases with 'high genetic risk'. There was no difference between the groups with respect to decade of birth.

The patients as a whole, as in Kinney and Jacobsen's sample, do not show unusual seasonality of birth, but when they are separated according to family history, differences emerge. There is a significant excess of 'high genetic risk' schizophrenics born in the second quarter of the year, with a corresponding deficit in the third quarter of the year (Table).

These results are in contrast to those of Kinney and Jacobsen, who found an excess of low genetic cases born in January to April. My results may suggest that genetic factors (e.g. unusual conception patterns in parents of schizophrenics (3, 6) rather than environmental ones are responsible for the unusual pattern of birth observed in schizophrenic patients.

I am currently studying a much larger group to exclude the possibility that these findings are due to chance.

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#### References

- (1) DALEN, P. (1975) *Season of Birth: A study of schizophrenia and other mental disorders*. Amsterdam: North Holland.
- (2) HARE, E. (1975) Season of birth in schizophrenia and neurosis. *American Journal of Psychiatry*, 132, 11, 1168-71.
- (3) — (1976) The season of birth of siblings of psychiatric patients. *British Journal of Psychiatry*, 129, 49-54.
- (4) — PRICE, J. & SLATER, E. (1974) Mental disorder and season of birth: a national sample compared with the general population. *British Journal of Psychiatry*, 124, 81-6.
- (5) KINNEY, D. K. & JACOBSEN, B. (1978) In *The Nature of Schizophrenia* (eds. L. C. Wynne, R. L. Cromwell, S. Matthysse), 38-51. New York: Wiley.
- (6) McNEIL, T., KAIJ, L. & DZIERZYVRAJ-ROGALSKA, M. (1976) Season of birth among siblings of schizophrenics. *Acta Psychiatrica Scandinavica*, 54, 267-74.
- (7) ODEGARD, O. (1974) Season of birth in the general population and in patients with mental disorder in Norway. *British Journal of Psychiatry*, 125, 397-405.

Season of birth	Proportion of patients born in that season with:		$\chi^2$ with Yates correction	P
	High genetic risk	Low genetic risk		
Jan.-March	6/40	27/106	1.271	N.S.
Apr.-June	20/40	27/106	6.920	<0.01
July-Sep.	3/40	30/106	6.044	<0.02
Oct.-Dec.	11/40	22/106	0.418	N.S.