

to negligence. We accept full responsibility for our recommendation and stand by it: it would be deplorable if the *Journal* succumbed to pressure to exercise the type of censorship advocated by Dr Goodwin.

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Ganser Syndrome

SIR: Carney *et al* (*Journal*, November 1987, **151**, 697–700) quoted Professor Whitlock's finding that Ganser syndrome is not confined to prisoners. In the Western world the number of people claiming compensation for health problems following somatic or emotional trauma in industry or traffic is increasing at a rapid pace; hence the proportion of patients presenting with this disorder (which I place on a hysterical-malingering dimension) has risen.

In 1956 I published my observations on a series of patients claiming disability pensions and presenting with the clinical picture of Ganser (Tyndel, 1956). In 1973 I coined the term 'nomogenic disorder', in analogy with the notion of iatrogenic disorders, defined as psychopathological disorders in whose development or maintenance the law and its implementation play a significant role (Tyndel, 1977). Ganser is listed as one of the paradigms of nomogenic disorders.

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Age of Onset of Schizophrenia

SIR: Verghese *et al* (*Journal*, November 1987, **151**, 707) suggest that age of onset of schizophrenia is not later in women in India. Our experience is different.

In a retrospective study conducted at the out-patient psychiatric unit of the All India Institute of Medical Sciences, New Delhi, 539 patients with schizophrenia were studied regarding sex differences in age of onset during a two-year period (1981–83). Of these, 328 were males and 211 were females. The diagnosis of schizophrenia was made clinically using ICD–9 guidelines; however, controversial sub-types (simple, latent, and schizoaffective) were excluded. The age at which immediate family members noticed psychotic symptoms for the first time was considered to determine the age of onset of schizophrenia. The age of the patient at the time of consultation was documented in each chart by a junior research officer who was specifically deputed to record the socio-demographic variables of psychiatric out-patients. The age at first treatment and the age at first admission were not considered. The mean age at onset for males was 23.39 years (s.d. = 6.92) and that for females was 25.77 years (s.d. = 7.97) giving a gender gap of 2.4 years. The results were statistically significant ($t = 3.56$, $P < 0.001$). The sex difference persisted when the patients were divided into paranoid and non-paranoid sub-groups.

We are not able to offer any explanation as to why there is such a difference in findings from the same country.

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Anthropology and Psychiatry

SIR: Kleinman (*Journal*, October 1987, **151**, 447–454) raises some important questions concerning the validity of diagnosis and the search for "accurate representation" in contemporary psychiatric research. While various diagnostic instruments have no doubt achieved a degree of success in the area of reliability, Professor Kleinman's argument is a timely reminder that this does not imply that their validity is assured. One senses that many