the diagnosis of neurosyphilis depends on clinical assessment, the results of serological tests, and examination of the CSF (Anon, 1978). Given that two separate studies have encountered the same diagnostic problem, perhaps a strong case can be made for CSF examination in these patients if routine blood screening is to be justified and of value in management.

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References

ANON (1978) Modified neurosyphilis. *British Medical Journal, ii*, 647–648.

CORRADO, O. J., BOWIE, P. C. W., WAUGH, M. A., *et al* (1989) The prevalence of syphilis in the elderly. *Age and Ageing*, **18**, 405–408.

LISHMAN, W. A. (1978) *Organic Psychiatry*. Oxford: Blackwell.

SIR: The recent article by Boodhoo (*Journal*, August 1989, **155**, 259–262) discussed the role of routine syphilis serology screening in a psychogeriatric population. We screened 172 psychogeriatric cases (mean age 69.2 years; 91 males and 81 females) for syphilis serology. Only two patients (1.2%) had positive VDRL; none of them had any clinical evidence of active syphilis or of any previous syphilitic processes. The psychiatric diagnosis in one case (a 72-year-old male) was psychotic depression, while the other patient (a 98-year-old female) was diagnosed as suffering from mania. These cases were referred to a venereologist for treatment, but he advised against it. The psychiatric illness in both cases was treated with drugs for about 6 months, but no antisyphilitic medication was given. On follow-up for 3 years, these cases did not develop the psychiatric illness again.

Although Luxon *et al* (1979) have emphasised the need for such routine investigations in psychiatric practice, there have been few cases reported where the antisyphilitic treatment has been instituted in an elderly mentally ill person (Joffe *et al*, 1968; Gilles, 1980).

If the psychiatric phenomena persist even with antisyphilitic treatment (Gilles, 1980), then it is not incorrect to abandon the routine screening of psychogeriatric cases for syphilis, as it would save on limited resources.

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References

GILLES, A. J. H. (1980) Tabes dorsalis progressing to general paresis after 20 years despite routine penicillin therapy. *British Journal of Venereal Diseases*, **56**, 368–371.

JOFFE, R., BLACK, M. & FLOYD, M. (1968) Changing clinical picture of neurosyphilis: report of seven unusual cases. *British Medical Journal, i*, 211–212.

LUXON, L., LEES, A. J. & GREENWOOD, R. J. (1979) Neurosyphilis today. *Lancet, i*, 90–93.

Genetics of alcoholism

SIR: Adityanjee (*Journal*, October 1989, **155**, 564) rightly draws attention to the potential future advances promised by the application of molecular genetic techniques to the study of the genetic predisposition to the development of alcoholism. However, there is a serious flaw in his argument that a linkage strategy should be applied to the study of a hypothetical gene situated on the sex-determining region of the Y chromosome which may confer vulnerability to alcoholism.

Apart from the distal portion of the short arm of the Y chromosome (the so-called 'pseudo-autosomal region'), recombination can only occur on the Y chromosome between genetically identical sister chromatids of the same chromosome. Thus, apart from the pseudo-autosomal region, and assuming an absence of spontaneous mutation, all the sons born to a given father will share with their father identical Y chromosomes. Any male phenotypic variation in such a family will be due to environmental factors, and autosomal or pseudoautosomal genetic effects. Linkage studies of the (non-pseudo-autosomal) Y chromosome are simply not possible, since recombination between homologous chromosomes does not take place.

It is, in any case, debatable whether the Type I/Type II classification espoused by Cloninger will prove valid in the light of a genetic classification of alcoholism. Not all researchers agree that a genetic effect is absent in females (e.g. Cadoret *et al*, 1987). If a subtype is defined as affecting only males it is tautological to then refer to "the conspicuous absence of father-to-daughter transmission".

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Reference

CADORET, R. J., TROUGHTON, E. & O'GORMAN, T. W. (1987) Genetic and environmental factors in alcohol abuse and antisocial personality. *Journal of Studies on Alcohol*, **48**, 1–8.