

funds were not available from the catering budget in the financial year.

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A Freudian lacuna?

SIR: In his article on the psychoanalytical aspects of morbid jealousy in women (*Journal*, January 1990, 156, 68–72), Freeman seems to be saying that “the phallic sexual organisation” of his two neurotic female patients was instrumental in their downfall (figuratively speaking). Does he mean that possession of such an apparatus would therefore also be aetiologically significant in the development of morbid jealousy in male patients, since they are ordinarily so endowed by nature? Or is his assertion rather, that the two women have a confused sexual identity – the evidence for which is, that although “feminine and attractive in appearance”, they have a phallic sexuality, and that this somehow gives rise to their need for triumphant retribution against those who are more naturally endowed in this way? Or does a phallic sexuality only become sadistic and exhibitionistic in the wrong hands, so to speak?

Without putting too fine a point on it, Dr Freeman has succeeded in spinning a great yarn about the origins of morbid jealousy in these women with precious little evidence that their jealousy was ‘morbid’. What he described are two chaotic and unhappy marital relationships (marriage being an arrangement between two people, unless I am mistaken) where sexuality has become the bargaining chip and weapon, as it not uncommonly does for damaged and powerless people of both sexes.

Finally, it must be the women in the textbooks of psychiatry (or psychoanalysis) for whom the absence of vaginal orgasm is pathological, the onset of menstruation was not a shock (for those over 30), and the

admiration of breasts bigger than one's own is a homosexual urge.

Freud was a man of undisputed genius, but he did not know (as distinct from presume) much about women – how could he? (See Peter Gay's new biography: *Freud – A Life for Our Time*.) I hope those who purport to heal psyches in the name of psychoanalysis are not following in his footsteps.

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Genetic origins of psychosis

SIR: Crow recently discussed the genetic origins of psychosis (*Journal*, June 1990, 156, 788–797). We recently completed a retroactive case study of 574 patients suffering from schizophrenic psychosis. Our results showed that the incidence of schizophrenia increases with progressively increasing paternal age. The association between parental age and mental illness has often been reported in the past. Such reports have come from different parts of the world and have involved thousands of patients. Kinnell (1983) wrote: “There are few areas of schizophrenic research where one finds such impressive concordance of results from different studies as that of parental age”. Our results showed that the age of the father is the operant factor. The association between paternal age and at least 11 genetic diseases or recent mutational origin has been documented. Evans (1988) wrote: “There is considerable and long-standing evidence that mutation frequencies for a variety of different human genes causing disease increase with increasing paternal age”. Vogel & Rathenberg (1975) reported that the special sensitivity of the male germ cells for mutation increases with age.

It can be concluded that increased mutation rate in the germ cells of the aged father could play a role in the causation of schizophrenia in some cases. Schizophrenic individuals born to older fathers could constitute an aetiologically distinct subgroup of the schizophrenic population.

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