

The two native English species of toad, the common toad (*bufo bufo bufo*) and the natterjack toad (*bufo calamita*) share the cane toad's hallucinatory potential. There are as yet no reports of toad-licking in the UK, and we would be very interested to hear from any psychiatrists whose patients admit to this bizarre form of drug abuse.

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#### Self-catering during rehabilitation

**SIR:** Self-catering is an important element of rehabilitation. We investigated the food purchases of a self-catering ward for rehabilitation of drug abusers (80–90% former opiate addicts), located in Springfield Hospital in south-west London. Establishing good dietary habits may aid recovery from the accumulated effects of chaotic or debilitating life-styles, and may also help to sustain a drug-free state. A good nutritional state can be an indicator of successful treatment of dependence (Kleber, 1989).

The initial request for the study came from the patient community meetings. During four weeks in Autumn 1989, all self-catering patients cooperated in a survey of their expenditure on food and non-food items, using an itemised food diary. Data on 126 patient-days were collected. Nutritional analysis of these food items was performed, using the DIET 2000 programme, for each week. Results were compared with the recommended daily amounts (RDA) for nutrients (Department of Health & Social Security, 1979) and the recommendations of the National Advisory Committee on Nutrition Education (NACNE, 1983). Food expenditure was compared with values from the latest Ministry of Agriculture, Fisheries & Food (MAFF, 1989) national food survey. Of course, purchases do not equal intake because of wastage and nutrient loss in preparation, and it was necessary to make a (generous) estimate of milk consumption – 1 pint/patient-day.

Overall, the patients purchased food with high energy values (maximum week = 4336 kCals, 18.23 MJ), reflecting excessive amounts of sugar and fats and disproportionately low contributions of

protein and starch. Absolute amounts of vitamins, minerals and fibre were often very low. Such purchases are typical of the clinical picture of the 'obese malnourished' frequently encountered in clinical dietics.

For example, the percentage of energy derived from sugar peaked at 30.1% total kCals (NACNE recommendation = 12%). Fat contributed up to 51.6% of the total energy (NACNE recommendation = 34%), and the average for south-east England is 40%), and protein contributed as little as 7.5% (NACNE recommendation = 11%). Nutrient balance was worst during a week when only three male patients were shopping. At that time, amounts below the RDA were purchased of protein, fibre, iron and certain vitamins (thiamine, riboflavin, B6, C). Very low amounts of zinc (5.6 mg) and folate (98.5 µg) were bought (compared with the US National Academy of Sciences' RDAs). Three kilograms of white sugar were purchased during this week, and frozen chips and baked beans were the only vegetables. No fresh fruit was purchased during the whole four weeks.

The food budget was funded by the hospital catering department on the basis of in-patient food allowances: £12–£18 was the hospital's weekly patient food cost during the study period. Such hospital food costs are based on large-scale contract purchasing at lower prices than retail supplies. The specific purpose of this budget was not clear to the patients, and only £10–£15 was used for food purchases. This was well below the 1988 National Food Survey average values for food (£17.01 for adults, all sources) and below the 1988 values for the poorest 'E2' non-earner sector of society (£15–£36, all sources). Food expenditure is higher in south-east England than the national averages, and figures for inflation in food costs for 1989 were about 7% (unpublished, MAFF). A total of £12–£18 is thus considerably less than the likely food costs of even the poorest section of the local community at that time.

It seems imprudent to set convalescent patients a task at which they are bound to fail. Unrealistic resourcing, inadequate shopping skills, poor knowledge of meal planning and limited cooking skills combined to produce a poor diet and unhealthy eating patterns in these self-catering patients. On completion of this study, the researchers involved presented the findings to the patients. Subsequently the ward gained a full-time occupational therapist who, together with the ward nurses, incorporated budgeting, shopping and cooking into the therapeutic programme. The food budget was reviewed by the managers and additional funds are now available from a non-catering source, given that additional

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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