scientific knowledge, the change in sexual attitudes has resulted from a wide variety of factors: changes in kinship and family system; economic, social and political changes; and the changing form of social regulations (Weeks, 1981).

India is still a largely non-permissive society where ignorance about sexual matters is widely prevalent. A large majority of the population does not receive any kind of sex education, and discussing sexuality openly is a taboo. Ignorance thus breeds more ignorance, with quacks and self-appointed 'sexologists' perpetuating erroneous views, just as happened in the West earlier. Dhat syndrome thus appears to be a variation of the centuries-old false beliefs and ignorance. It is 'culture-bound' only in the sense that it represents the immense 'cultural' difference between the scientifically aware medical population and the myth-orientated native population.

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Stability of negative symptoms of schizophrenia

SIR: Ring and colleagues (*Journal*, October 1991, **159**, 495–499) reported the negative association between the illness variables and negative symptoms in schizophrenia and the stability of negative symptoms.

The negative symptoms in the 20 long-stay chronic schizophrenic patients reported by Mathai & Gopinath (1986) were reassessed by the same investigators after a period of two and a half years. The sample included 17 females and 3 males. The mean age was 42.35 years (s.d. 9.34) at the time of the initial assessment. The mean durations of illness and hospital admission were 16.84 years (s.d. 5.95) and 13.94 years (s.d. 7.20) respectively. The variables believed to affect negative symptoms, i.e. the wards the patients were admitted to, the occupational therapy units where they worked, the amount of activity, social stimulation, and medications, were maintained the same as at the initial assessment. The negative symptoms were assessed using the SANS (Andreasen, 1981) based on direct observation and interview, and nurses' and occupational therapists' reports. Except for a significant ($P < 0.001$) increase in attentional impairment in 15% of the patients, the scores in all subscales and the total scores remained stable. Our findings were comparable to those of Ring *et al*, i.e. in general the negative symptoms were stable over time and neither the initial scores nor the change at the reassessment could be correlated to any demographic, clinical or treatment variable. It is interesting to note that this study was conducted in a patient population different in ethnic, demographic and clinical characteristics, over an extended period of 30 months.

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Problem drinking in women

SIR: The rise in female admissions for alcohol problems to psychiatric hospitals is disproportionate to the number of male admissions although men comprise the majority of such referrals (Madden, 1984). We were thus surprised when we noticed more female than male referrals to our hospital. In order to gain a better understanding of this, we undertook a study to identify differences between men and women being referred.

Our hospital keeps a case register listing in-patient admissions and their diagnosis by ICD–9 criteria. Patients eligible for our study had been admitted between January 1987 and December 1989, and ascribed an ICD–9 diagnosis of alcohol dependency syndrome (303.0). All patients came from the catchment area of a general psychiatric hospital in Birmingham.

Our study is a retrospective case note review of patients meeting the inclusion criteria. Of 19 patients who fulfilled this, 11 were women (mean (s.d.)

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