corrected 793.5 at risk. The morbid risk to siblings of male probands was thus 5.60%.

Among the siblings of female probands, 40 were affected out of an age-corrected total of 651 siblings, giving a morbid risk of 6.14%. Thus Rüdin found a slightly increased risk of dementia praecox in the relatives of women with dementia praecox, although his excess was in the order of 10% and considerably less striking than that reported in recent papers.

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Absence of prion protein mutation in bipolar manicdepressive patients

SIR: Creutzfeldt-Jakob disease (CJD) is a neuro-degenerative disease once felt to be due to slow virus infection and now associated with an altered host protein encoded by the PRNP gene (Brown et al, 1991). Several genetic mutations in the gene coding for this protein have been found to be linked to the genetic form of CJD (Carlson et al, 1991). A high prevalence of CJD, including its familial form, occurs among Libyan Jews in Israel (Chapman & Korczyn, 1991). Recently a point mutation in codon 200 of the PrP gene (resulting in a change from glutamic acid coded by GAG to lysine coded by AAG) was described in some Libyan Jewish patients with familial CJD (Goldfarb et al, 1990).

We recently identified a large pedigree of Libyan Jews in Israel with a high prevalence of bipolar manic-depressive illness. Crow (1987) has speculated that psychosis with genetic transmission may involve incorporation of transmissible retroviruses into the human genome. Since CJD in its early stages has behavioural and emotional symptoms and particularly depression (Behar et al, 1969), we hypothesised that manic-depressive illness might involve a pleiotropic expression of the PrP gene mutation.

Blood samples were obtained by informed consent from two bipolar manic—depressive patients and one schizoaffective patient from different branches of the same large kindred of Libyan origin, and also from three unrelated bipolar manic—depressive patients of

non-Libyan origin. All six patients were euthymic on lithium therapy. The PRNP genes of these patients were examined for the existence of the codon 200 mutation by means of a polymerase chain reaction followed by restriction enzyme digestion as previously described (Goldfarb et al, 1990). Two patients known to be positive for the mutation as well as two negative controls were analysed at the same time. The three patients of Libyan origin and the three manic—depressive patients of other ethnic background were all negative for the PrP codon 200 mutation. The two positive controls were found to carry the mutation.

The complexity of molecular genetic pathophysiology unveiled in CJD presents new models for psychiatric research. As the border between viral and genetic illness is blurred it is possible to envisage disease processes that are similar in sporadic and familial forms of the same illness. While the particular mutation studied here was not present in our patients, further studies for possible mutant DNA sequences should be performed in sporadic and particularly in familial forms of psychosis.

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