

pamphlet published in June 1991 by the Committee of Vice-Chancellors and Principals which states that universities face an insidious decline in the standards of teaching and research. He said that universities should take their case to the voters and only by doing so will they "prevent the decline of the university system". In addition, the science lobby in the UK should take advantage of cuts in military expenditure in the UK. This has already happened in the US. In the current fiscal year, the budget for civilian research and development (R & D) has increased by 10.7% (or 6% after inflation) while defence-related R & D has taken a cut for the second year in a row.

Third, the MRC should broaden its collaboration to include the charities and other research bodies in the development of a comprehensive medical research strategy (Advisory Board for the Research Councils, 1986; British Medical Association, 1990).

ADVISORY BOARD FOR THE RESEARCH COUNCILS (1986) *Report of the Working Party on the Private Sector Funding of Scientific Research (Mathias Committee)*. London: ABRC.

DICKMAN, S. & ALDHOUS, P. (1991) Helping Europe in human genome research – more coordination needed. *Nature*, **350**, 261.

SMITH, R. (1991a) Strangling the future: the government neglects research at the nation's peril. *British Medical Journal*, **302**, 977–978.

— (1991b) Science in Australia: alive, well, kicking and growing. *British Medical Journal*, **302**, 840–842.

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#### Pathological jealousy defined

SIR: Mullen's account of jealousy (*Journal*, May 1991, **158**, 593–601) demonstrates the perils of travel through the soul. Without a careful eye on ambivalence one gets lost. The answer to a question he poses can be simply stated: desire for rivalry is the hallmark of pathological jealousy, separating it from zealous engagement in and solicitous guarding of a relationship (normal jealousy). The Concise Oxford Dictionary definition is "jealous – fiercely protective (of rights etc.); afraid, suspicious or resentful of rivalry in love or affection".

Mullen refers to Freud (1955) but misunderstands – projection and reaction formation are not burdens for jealousy as he laments – they are fuels propelling zeal into the realm of disease. Within pathological jealousy lies concealed the wish for a rival to enter or

challenge the relationship. Within non-pathological jealousy lies the wish to preserve the relationship. Both forms usually coexist.

How can anyone wish for a rival? Generally these desires fall into three groups (Freud, 1955a,b):

- (a) Oedipal, where rivalry enhances the parent-like qualities of the spouse
- (b) Homosexual, where rivalry or unfaithfulness permit a less distressing form of awareness of one's own fondness for someone of the same sex
- (c) Narcissistic, where one's own self-representation is enhanced by rival's attention to spouse.

These are some ways. There are others. Pathology is proportional to the amount of one's self one sees in the jealousy-provoking situation. What about envy? Looking carefully at individual cases we see it does not occur without self-investment (projection). Sadness and grief do. By understanding the psychodynamics of a given case with an eye on the above and other ambivalent contents, one can separate pathological jealousy from relationship-affirming solicitousness. Once the central discriminant is established, subsidiary questions like "how much zeal is ok?", answer themselves.

FREUD, S. (1955a) Three contributions to the theory of love. In *Standard Edition*, vol. 11 (ed. J. Strachey), pp. 163–208. London: Hogarth Press.

FREUD, S. (1955b) Some neurotic mechanisms in jealousy, paranoia and homosexuality. In *Standard Edition*, vol. 11 (ed. J. Strachey), pp. 221–232. London: Hogarth Press.

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#### Access to health records

SIR: Gaitonde (*Journal*, July 1991, **159**, 164) is right to draw our attention to the likely impact of the Access to Health Records Act, 1990, but his pessimistic conclusion that record keeping may be inhibited to the detriment of patient care is disappointing. His prediction of a defensive response from the profession may well come true and was documented in response to the UK Data Protection Act (1987) by Jones *et al* (1988). These authors audited the censoring of information disclosed to patients by doctors in computerised records in a diabetic clinic and found that 69% of the problems which had been censored out could, on