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Correction

Table I in the text should read Table II. This, like the entry, NA*, is quite clear from the text; the latter might read 'not achieved'.—*Editor.*

LITHIUM THERAPY IN AGGRESSIVE MENTALLY SUBNORMAL PATIENTS

DEAR SIR,

I read with interest Dr Dales' article (*Journal*, November 1980, **137**, 469–74).

These are a notoriously difficult group of subjects to treat. In the study, one of the patients was withdrawn from lithium because of the onset of tardive dyskinesia. From the discussion it would appear that lithium was involved in the production of this somewhat serious side-effect. This would certainly be a unique finding. I wonder if it is not possible that the patient in question had been receiving neuroleptics prior to entering the lithium treatment (no information is given in the tables with regard to prior medication). If this were indeed the case then this would be an example of a withdrawal dyskinesia which usually takes place some one to three weeks after withdrawal of medication, but in some cases longer.

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DEAR SIR,

The patient in question was receiving chlorpromazine (50–100 mg t.d.s.), orphenadrine (50 mg t.d.s.) and haloperidol (3 mg t.d.s.) at the time of institution of treatment with lithium carbonate (250 mg t.d.s.). Haloperidol was discontinued three weeks later but treatment with chlorpromazine and orphenadrine continued for a further four weeks, by which time the patient's behaviour had so improved that both drugs were stopped. Tardive dyskinesia in the form of tongue movements and sucking was first noticed two months later.

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PERSONALITY CHANGE FOLLOWING ACCIDENTS

DEAR SIR,

Dr Parker's well documented case (*Journal*, November 1980, **137**, 401–409) was of considerable interest; yet the contribution might have been more profitable had the major emphasis been placed on the developmental predisposition rather than on the apparent precipitant. The title might indeed have been "Personality Vulnerability Following Severe Emotional Inhibition in Childhood—The Report of a Double Murder".

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Dunedin, New Zealand

DEAR SIR,

Basil James' criticism of my article (*Journal*, November 1980, **137**, 401–409) expresses a point of view, popular in some circles, which my experience does not support. This has been discussed in detail in a chapter on "Accident Neurosis" (Parker, 1976) and will not be repeated here. In essence, he is saying that "severe emotional inhibition in childhood" is of such overwhelming importance, that any subsequent life events pale into etiological insignificance when explaining disturbed behaviour occurring in a man in his forties.

In my case report the co-twin was subjected to the same disturbing childhood yet did not murder his wife and daughter. One must therefore look for something additional to explain the discordance for homicide, and all professional people involved with the monozygotic twins whom I described were satisfied that two terrifying accidents emerged as the obvious difference in their histories.

The aim of my paper was to highlight the significance of accidents, even of an apparently minor nature, as a precipitating cause in the development of