This is not so. Hutt and Coxon (1965) did just that. They reported on spontaneous talking speed and on reading speed in a manic-depressive patient. Spontaneous speech proved to be a most sensitive predictor of mood change. Reading speed by contrast did not alter with mood. They used a simple tape recording. The more complex conversion of the results employed by Szabadi, Bradshaw and Besson is not required.

CHRISTOPHER OUNSTED

*The Park Hospital for Children,*
*Old Road, Headington, Oxford OX3 7LQ*

REFERENCES

1. HUTT, C. & COXON, M. W. (1965) Systematic observation in clinical psychology. *Archives of General Psychiatry*, **12**, 374–8.
2. SZABADI, E., BRADSHAW, C. M. & BESSON, J. A. O. (1976) Elongation of pause-time in speech: a simple, objective measure of motor retardation in depression. *British Journal of Psychiatry*, **129**, 592–7.

## LITHIUM TREATMENT OF CYCLICAL VOMITING IN A MENTALLY DEFECTIVE PATIENT

DEAR SIR,

Miss J is aged 29 and mentally defective with an intelligence quotient of about 60. Persistently recurrent episodes of vomiting began when she was nearly 19 and were initially attributed to anxiety about a dental extraction. These became progressively more serious, did not respond to treatment and repeatedly brought about prostration and severe electrolyte disturbances. The nursing staff noted that vomiting occurred almost exclusively when J was depressed. At such times her skin appeared pasty and her squint became more marked; she looked miserable, was sometimes doubly incontinent, and vomited persistently. Vomiting was accompanied by severe polydipsia, far exceeding that required for fluid replacement. Staff also described brief episodes of elation lasting between a few days and two weeks in which she was talkative, friendly and familiar.

Investigation, which included chest and skull X-ray, air encephalogram, barium meal, intravenous pyelogram, cholecystogram and tests of renal, adrenal and hepatic function, failed to reveal any cause for vomiting and we decided to treat her as a case of manic depressive psychosis with lithium and to monitor its effect on her mood state and vomiting.

For two years nursing staff recorded her mood state twice daily at the end of each daytime nursing shift as either elated, normal or depressed; and episodes of vomiting were also noted. Symptomatic treatment with prochlorperazine and chlorpromazine was continued throughout but during the second year lithium was also prescribed and a mean blood level of 0·65 mEq/l maintained.

In the first year there were 91 recordings of elated mood, 191 of depressed mood, 421 of normal mood and 63 recordings of vomiting. During the second year there were 57 recordings of elated mood, 59 of depressed mood, 592 of normal mood and 31 recordings of vomiting. The therapeutic effect of lithium is not usually apparent immediately on starting treatment and if the results for each year are compared, when the ratings for the first three months are omitted, the results are even more striking. In the first nine-month period there were 79 recordings of elated mood, 175 of depressed mood, 282 of normal mood and 60 recordings of vomiting, whereas in the second nine-month period there were 25 recordings of elated mood, 23 of depressed mood, 492 of normal mood and 24 recordings of vomiting ($\chi^2 = 385{\cdot}7$, $P < {\cdot}001$). In the first year there was a clear relationship between vomiting and depression. In the second year this relationship disappeared.

There is a similarity between this patient's symptoms and cyclical vomiting in children. Mitchell (1) described cyclical vomiting in children as recurrent rather than regularly cyclical, accompanied by symptoms of anxiety and leading rapidly to a state of severe ketosis and dehydration. The patient in this study showed these somatic features but also affective swings. Taken along with the accompanying polydipsia the syndrome is suggestive of a hypothalamic timing and synchronizing mechanism (Jenner (2)). Although the presentation was atypical for manic depressive psychosis, treatment with lithium resulted in partial stabilization of mood, reduction in frequency of vomiting and an impressive though unmeasured reduction in severity and quantity of vomitus. It may be worth treating resistant cases of cyclical vomiting in children with lithium.

A. H. REID
A. LEONARD

*Dundee Psychiatric Services,*
*Strathmartine Hospital,*
*by Dundee DD3 0PG*

REFERENCES

1. MITCHELL, R. G. (1973) *Disease in Infancy and Childhood* (by Ellis and Mitchell), 7th Edition. Edinburgh and London: Churchill Livingstone.
2. JENNER, F. A. (1968) *International Review of Neurobiology, ii*, 129.