

that this in itself would provide an incentive for the busy trainee to regard such considerations as being an essential part of his formal psychiatric education.

S. OAKES

*The Queen Elizabeth Hospital,
Edgbaston, Birmingham*

Reference

WESCOTT, P. (1979) *British Medical Journal*, *i*, 989–90.

LUNG CANCER AND SCHIZOPHRENIA

DEAR SIR,

If it is indeed a fact that lung cancer is excessively rare among schizophrenic patients who smoke, this could be related to their medication. Phenothiazines are concentrated in the lung to a greater extent than in any other organ except the liver, and have been shown to possess antitumour effects both *in vitro* and *in vivo* (1).

A. A. SCHIFF

*E. R. Squibb,
Regal House,
Twickenham TW1 3QT*

Reference

- (1) DRISCOLL, J. S., MELNICK, N. R., QUINN, F. R., LOMAX, N., DAVIGNON, J. P., ING, R., ABBOTT, B. J., CONGLETON, G. & DUDECK, L. (1978) Psychotropic drugs as potential antitumour agents: a selective screening study. *Cancer Treatment Reports*, *62*, 45.

A 48-HOUR PERIODIC MANIC-DEPRESSIVE ILLNESS PRESENTING IN LATE LIFE

DEAR SIR,

Since affective disorders with regular 48-hour cycles are rare (Gelenberg *et al*, 1978), and bipolar illnesses most frequently have an onset before the age of 40 years (Hopkinson and Ley, 1969; Woodruff *et al*, 1971), we wish to report a case of bipolar manic-depressive illness with a regular 48-hour cycle presenting in late life.

Mr H. M. was referred at the age of 70 years with a two-month history of "having mood swings, signing cheques and then cancelling them, and feeling that he 'needs to be locked up'." He gave a very clear account of being in "good form, too good form" on one day and feeling depressed and lacking in interest and energy on the following day. On elated days he experienced racing thoughts, and had many new projects, thinking of new adventures and securing a happy life for his wife after his death.

He often bought expensive things which he did not really need, and on one occasion he ordered two tractors. The good day was followed by 24 hours of depression, when he realised the blunders he had made and tried to correct them, cancelling the orders and cheques. He then became withdrawn and felt sorry for himself and had no energy, interest or appetite. He frequently, but not invariably, wakened early in the mornings. If he wakened at 2.00 a.m. he would quite suddenly experience a change in his mental state, "I'd know I'd changed, just like that".

There was a family history of a brother who had died in a mental hospital after being there for twenty years, but the nature of that illness could not be determined. Mr H. M. himself had had no previous psychiatric illnesses and had a good previous personality. He had always been very active, a self-employed and successful businessman who was independent and aggressive in his dealings and domineering in his family's affairs. He had had a happy childhood with no serious illnesses, nervous traits or neurotic symptoms.

On mental state examination he was always able to give a good account of his symptoms and had good insight into the nature of his disturbance. On elated days he was found to be interfering and talkative, in contrast with his depressed days when he was solitary and retarded. On physical examination he was a well-built healthy looking 82.7 kg man. His blood pressure was 130/80. The only abnormalities were a scar in the right fundus following an operation for detached retina, and osteo-arthritis of his left hip and knee.

The following routine investigations were carried out, and results were all within the normal range: haematological indices, blood urea and electrolytes, fasting blood sugar, liver function tests, VDRL and TpHA, serum B₁₂ and folic acid, FTI and TSH. Protein electrophoresis showed a monoclonal band in the gamma globulin which was identified as an IG lambda, and there was some immuno-suppression of IgM. There were no free light chains in the serum or urine, and the immunological findings were not considered to be significant. Chest and skull x-ray, EEG and brain scan were all reported to be within normal limits. Psychometric testing was carried out on one of his 'good days', and although his capacity for new verbal learning was unimpaired there was evidence of impairment in visuo-spatial memory and psychomotor retardation on the digit-copying test and memory for designs.

Initial observation in hospital confirmed his story of regularly repeated days of hyperactivity followed by retardation, and his subjective symptoms were

recorded on visual analogue scales, as described by Ashton *et al* (1978) (see figure). During this initial observation in a drug-free state, his symptoms and behaviour appeared to settle, and after two weeks he was given a period of leave. He returned after four days with a recurrence of his regularly recurring mood swings and he was started on lithium carbonate (Priadel) 800 mgms at night, which produced a serum lithium level of between 0.6 and 0.8 mmol/l. Three days after starting his medication he said he noticed a definite change, and he has had no further symptoms or objective evidence of depression or hypomania since that time. He has now been followed up for six months without any recurrence of his affective disorder.

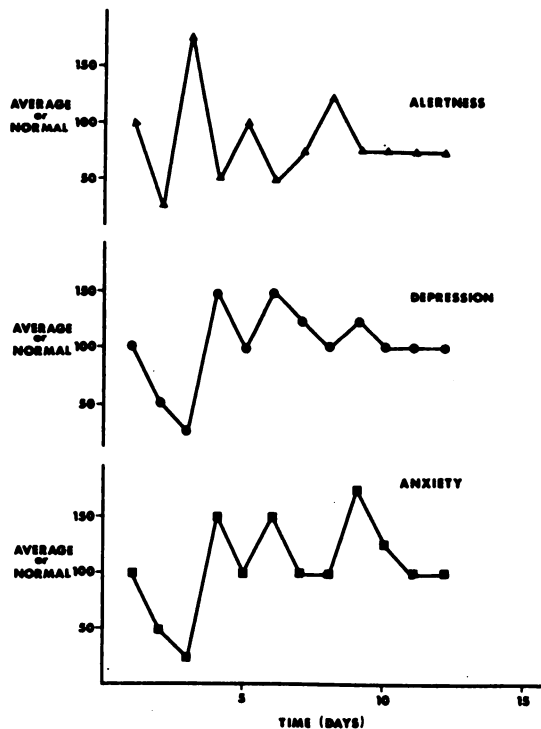
On account of his psychometric test results, we are concerned that there may be an underlying organic brain disorder, but no further evidence of this has come to light.

DAVID J. KING
SHARAF A. M. SALEM
NASSER S. MEIMARY

Holywell Hospital,
60 Steeple Road,
Antrim BT41 2R7

References

- GELENBERG, A. J., KLERMAN, G. L., HARTMANN, E. L. & SALT, P. (1978) Recurrent unipolar depressions with a 48-hour cycle: report of a case. *British Journal of Psychiatry*, **133**, 123-9.
- HOPKINSON, G. & LEY, P. (1969) A genetic study of affective disorder. *British Journal of Psychiatry*, **115**, 917-22.
- WOODRUFF, R. A. JR., GUZE, S. B. & CLAYTON, P. J. (1971) Unipolar and bipolar primary affective disorder. *British Journal of Psychiatry*, **119**, 33-8.
- ASHTON, H., MILLMAN, J. E., TELFORD, R. & THOMPSON, J. W. (1978) A comparison of some physiological and psychological effects of Motival (fluphenazine and nortriptyline) and diazepam in normal subjects. *British Journal of Clinical Pharmacology*, **5**, 141-7.



FIG—Daily self-ratings of alertness, depression and anxiety on visual analogue scales. Average or 'normal' degree for each mood is rated as 100, and the range of the scale is from 'very much below average' (0) to 'very much above average' (200) on a 70 mm line.

COMPILATION OF PAPERS

DEAR SIR,

A Compilation of Papers for the use of Postgraduate Students of Psychiatry (5th edition) is now available from Wyeth Laboratories. Seventeen of the papers included in previous editions remain, and there are four which are new.

Copies are obtainable from Mr S. Agness, Wyeth Laboratories, Huntercombe Lane South, Taplow, Maidenhead, Berks. SL6 0PH. The book itself is free, but £1.00 should be sent to cover the costs of postage and packaging within the U.K. Overseas postage rates will be sent on application.

B. M. BARRACLOUGH
A. C. SMITH
(Editors)