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Correspondence

Correspondents should note that space is limited and shorter letters have a greater chance of publication. The Editors reserve the right to cut letters and also to eliminate multitudinous references. Please try to be concise; strictly relevant and interesting to the reader, and check the accuracy of all **references in Journal style.**

PARENTAL AGE IN SCHIZOPHRENIA

DEAR SIR,

There are few areas of schizophrenia research where one finds such an impressive concordance of results from different studies as that of parental age. Both maternal (Goodman, 1957; Johanson, 1958; Gregory, 1959; Bojanovsky and Gerylovova, 1967; Hare and Moran, 1979) and paternal (Johanson, 1958; Gregory, 1959; Bojanovsky and Gerylovova, 1967; Hare and Moran, 1979) age have been consistently found to be raised. I would like to report the results of a multi-hospital study from the Newcastle region which confirm previous evidence. These are set out in the following table.

TABLE
Table showing parental age at birth patients v controls

Mean maternal age		Mean paternal age	
Patients (n = 342)	Controls (n = 1817)	Patients (n = 320)	Controls (n = 1788)
30.073	29.06	33.803	32.01
SE of Means		SE of Means	
0.349	0.15	0.412	0.18
t (2.667) significant at .01 level		t (3.988) significant at .001 level	

The control ages were derived as described by Hare and Moran (1979, 1978). The latter authors have fully discussed the implications of such findings, and they conclude that the facts best fit the hypothesis of a biological parental trait leading to delayed marriage, the raised maternal age being secondary to the advanced paternal age.

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References

BOJANOVSKY, J. & GERYLOVOVA, A. (1967) Die Beziehung der Schizophrenie zum Alter der Eltern der Patienten. *Der Nervenarzt*, **38**, 40–2.

GOODMAN, N. (1957) Relation between maternal age at parturition and incidence of mental disorder in the offspring. *British Journal of Preventive and Social Medicine*, **11**, 203–13.

GREGORY, I. (1959) An analysis of family data on 1,000 patients admitted to a Canadian mental hospital. *Acta Genetica et Statistica Medica*, **9**, 54–96.

HARE, E. H. & MORAN, P. A. P. (1979) Raised parental age in psychiatric patients: evidence for the constitutional hypothesis. *British Journal of Psychiatry*, **134**, 169–77.

——(1978) Age at paternity in England and Wales. *Journal of Biosocial Science*, **10**, 423–27.

JOHANSON, E. (1958) A study of schizophrenia in the male. *Acta Psychiatrica Scandinavica*, **33**, Supplement 125.

RAPID RESPONSE TO LITHIUM IN TREATMENT-RESISTANT DEPRESSION

DEAR SIR,

The recent reports by De Montigny *et al* (1981) and Nelson and Byck (1982) who describe a rapid relief of depression with lithium after no response to tricyclic antidepressants and phenelzine respectively, lead us to report on two patients in whom a lithium-antidepressant combination was effective after no response to one or more antidepressants and ECT.

Mr A was a 66-year-old happily married man who presented with a one month history of a severe endogenous depression (DSM-III diagnosis: recurrent major depressive disorder with melancholia) which had not responded to prothiaden 100 mg daily prescribed by his general practitioner. In the past he had suffered from three prolonged depressive episodes requiring hospitalization, the first when he was 45 years old. He had no other past psychiatric history and no family history of psychiatric disorder. After not responding to prothiaden (225 mg), imipramine (175 mg), ECT × 10 (5 unilateral and 5 bilateral), phenelzine (75 mg), phenelzine and lithium carbonate (500 mg), he responded rapidly and dramatically when prothiaden (100 mg) was added to his lithium. Except for one day after his sixth ECT his mood remained one of severe depression until the third day after prothiaden (100 mg) was added to the lithium carbonate. Over a twelve month follow up, attempts to stop either the lithium carbonate (blood level approximately 0.5 mmol/L) or the prothiaden have led to a relapse of his