

parsimoniously place it with the other reduplications (place, time, body parts), all of which can be localized to the non-dominant parietal cortex—rather than with the agnosias, which can be associated with various cortical dysfunctions according to the sensory modality affected.

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ELECTROCONVULSIVE THERAPY

DEAR SIR,

I recently treated a 62-year-old professional man with a course of right unilateral ECT. He had made a serious suicidal attempt by overdosage of drugs and had clear-cut signs of endogenous depression and a history of two previous episodes of depression for which psychiatric advice had not been sought.

For about 14 years he has suffered from bilateral nerve deafness and tinnitus. These symptoms followed an illness and were attributed to treatment with streptomycin. Having now maintained a good recovery from his depressive episode for eight weeks, he tells me that his tinnitus is much worse and he associates it with the application of ECT. I have treated with ECT other patients in his age group who have had deafness and tinnitus and have not had this difficulty described to me previously.

I wonder if any other psychiatrists have encountered such a side-effect?

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MOURNING AFTER PETS

DEAR SIR,

I was interested in Dr Keddie's paper (*Journal*, July 1977, pp 21–5). In it he states that 'where such overdependence on a pet does exist there is likely to be a sharp reaction on the part of the owner when the pet dies or has to be "put to sleep" '.

I am at present studying the relationship between children and their dogs. In the results from the 'normal' group, 23 out of 31 parents reported that they had considered the possibility of significant emotional distress occurring (in themselves or the child) if the dog was killed or otherwise permanently lost. This was a factor in their choice of pet, and is statistically significant ($P < 0.05$; binomial test, two tailed, corrected for continuity). This suggests that a certain amount of distress is anticipated by the general public at the loss of a pet dog. The mourning described by Dr Keddie is therefore pathological in severity rather than occurrence, and is presumably related to the degree of overdependence, as he implies in his paper. However, degrees of mourning for dogs may be more widespread in the community than has been thought.

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LITHIUM INGESTION IN THE POPULATION

DEAR SIR,

At the recent first British Lithium Symposium at Lancaster University, Dr A. I. M. Glen reported that in Edinburgh one citizen in every thousand was regularly taking lithium. In the closing address, Dr R. P. Hullin of Leeds reported, as the result of a broad survey, that nationwide about one in two thousand were on lithium treatment.

The biochemistry laboratory at Crichton Royal has the monopoly of measurement of plasma Li levels from patients resident within South West Scotland, a relatively self-contained area with minimal population mobility. As at 25 July 1977 there were 113 residents of the area receiving lithium therapy, comprising 93 out-patients, 18 longer-stay in-patients and psychogeriatric day-patients, and 2 recent admissions. From a population of 150,000 the figures reveal that one in every 1,330 persons is receiving lithium therapy.

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PLATELET MAO IN SCHIZOPHRENICS
WITH AND WITHOUT FAMILY HISTORY
OF SCHIZOPHRENIA

DEAR SIR,

We recently reported (1) that we were unable to confirm the findings of Murphy and Wyatt (2) of