

### Lithium in the Treatment of Aggression in Mentally Handicapped Patients

SIR: The report of a double-blind trial of lithium in aggressive mentally handicapped patients (Craft *et al*, *Journal*, May 1987, **150**, 685–689) is important. A paper published seven years ago was similar in content (Dale, 1980). Both report on patients who had been in hospital for varying lengths of time (Craft, 0–49 years; Dale, 2–42 years), the average stay being 12 years in each. My study was a retrospective one, while that of Craft *et al* was prospective. The methods of analysing the findings are very different, but the results remarkably similar.

Lithium therapy must now be seen as having a definite place in this difficult group of patients. If given earlier in the condition instead of as a treatment of last resort, as it is now, then the necessity of long-term admission may be obviated. This would be of benefit to patient, relatives, and staff.

Lithium is a relatively simple and safe form of treatment in skilled hands, which could have wider use in this clinical context. The economic advantages which would accrue from its early use have some relevance too.

P. G. DALE

Coldeast Hospital  
Sarisbury Green  
Southampton SO3 6ZD

#### Reference

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### Compensation Psychosis

SIR: White *et al* (*Journal*, May 1987, **150**, 692–694) report the case of an episode of paranoid psychosis in a patient who had suffered concussive head injury and had become involved in litigation for compensation; his delusions centered around the latter. While post-traumatic psychoses are rare, paranoid ideation occurs frequently in the course of prolonged litigation.

In the introduction to their paper the authors mention a number of old and recent aetiological issues which deserve attention. Quoting White (1981), they state that “there was no statistical difference between those victims in whom the accident had given rise to litigation and in whom the case was still proceeding and those victims where compensation was not an issue”. This may be correct as far as statistical evidence goes. However, the most important factor should not be overlooked, i.e. the responsibility for the accident and its consequences. The majority of

accidents in which compensation is not an issue are those occurring in the home, in sports, and on the road (in the latter case the accident victim being the responsible party). The neurotic disability process does not start with litigation for compensation, which is a much later development; it starts as soon as the victim realises that someone else (employer, property owner, driver, etc.) is at fault, followed by the attending physician’s mistaken belief that he is helping his patient by ordering rest from work and activity. Compensation is but one significant factor in the development and maintenance of post-traumatic disorders. Other equally important factors subsumed under the heading of ‘secondary gains’ from disease are attention, protection, and oversolicitousness on the part of the patient’s environment that constitute a serious obstacle to response to treatment, spontaneous recovery, and rehabilitation. Occupational and marital dissatisfaction, latent before the traumatic event of the accident, may frequently manifest themselves as symptoms of the neurotic disorder.

In analogy with the notion of iatrogenic disorders I have coined the term ‘nomogenic disorders’ (from the Greek *nomos* – the law) (Tyndel, 1974) to describe those psychopathological disorders in which the law and its application is playing an aetiological role in the development, enhancement, and perpetuation of these disorders. The case reported by White *et al* represents a typical example.

MILO TYNDEL

The Workers’ Compensation Board  
2 Bloor Street East  
Toronto, Ontario M4W 3C3  
Canada

#### References

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- WHITE, A. (1981) Psychiatric study of patients with severe burn injuries. *British Medical Journal*, **284**, 465–467.

### Tuberous Sclerosis and Psychosis

SIR: This year the *Journal* has published two case reports of psychotic behaviour in tuberous sclerosis (TS) (Lawlor & Maurer, *Journal*, March 1987, **150**, 396–397; Clarke *et al*, *Journal*, May 1987, **150**, 702–703). These suggest that psychosis in tuberous sclerosis is a rare manifestation of a rare disease. We draw attention to our study of the psychiatric status of 90 children with tuberous sclerosis (Hunt & Dennis, 1987). At five years of age, over 50% showed psychotic behaviour (predominantly autistic), 59% were