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Correspondence

Editor: Greg Wilkinson

Late Paraphrenia

SIR: Professor Levy and his colleagues say I am "unshakeable" and "unduly dogmatic" (*Journal,* November 1987, **151,** 702). Let us examine the facts.

My paper (Grahame, 1984) compared the symptom profile of a group of patients with various research diagnostic criteria for schizophrenia. The majority of patients fulfilled three of the four criteria, which would suggest that it is reasonable to include late paraphrenia within the group of schizophrenias. I concede that to say the results of that study "confirms that late paraphrenia is one of the schizophrenias" may be overstating the case. Attentive reading of p. 494 of the same paper should clarify my position with regard to first rank symptoms.

Professor Levy and colleagues imagine that I believe that minor cognitive changes and ventricular enlargement in a group of schizophrenic patients suggests "that this was a harbinger of 'organic brain syndrome' ". Holden (*Journal,* May 1987, **150,** 635–639) states, "Thirteen cases, progressing to dementia within three years, according to their clinical state and mental test scores, were incorporated into an 'organic' group..." It would seem therefore that it is he, rather than me, who suggests that late paraphrenia is a harbinger of organic brain syndrome.

Attentive reading of my letter (*Journal,* August 1987, **151,** 268) shows that I quote Blessed & Christie (1982) implicity agreeing with the view that functional illness in old age is *not* a harbinger of organic brain disease.

Attentive reading of Holden's paper indicates that "interview was possible in 14 of the 20 cases alive at 10 years" and that "the patient's interview was carried out using an open-ended clinical interview, covering the current mental state and the history wherever possible". I assumed that meant that Holden had personally interviewed 14 patients. If that assumption is wrong, I stand corrected.

The hypothesis I support, yet to be disproved, is that the term 'late paraphrenia' should be reserved for the functional group of non-affective paranoid illness, which Holden actually gives support to. Perhaps "unshakeable in his belief" and "unduly dogmatic attitudes" are as much features of De Crespigny Park as they are of Colchester!

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References

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GRAHAME, P. S. (1984) Schizophrenia in old age (late paraphrenia). *British Journal of Psychiatry,* **145,** 493–495.

Lithium in the Treatment of Aggression in Mentally Handicapped Patients: A Double-Blind Trial

SIR: The fact that Craft *et al* (*Journal,* May 1987, **150,** 685–689) used the 5-point rating scale for aggression is of interest. No scale to measure aggression for use in this type of patient was suitable when the scale was formulated in 1980. The scale was adapted from those used for each individual in an earlier study (Dale, 1980). However, it has never been possible, with the resources available in this hospital, to test for inter-rater reliability. It is now clear that Craft *et al* did this before using the scale in their multi-centre trial, and found it statistically reliable. The scale is simple to use and administer. In these