certain Athenian, Epizelus son of Cuphagoras, while he fought doughtily in the mellay lost the sight of his eyes albeit neither stabbed in any part nor shot, and for the rest of his life continued blind from that day. I heard that he told the story of his mishap thus: . . . 'a tall man-at-arms (he said) encountered him, whose beard spread all over his shield; this apparition passed Epizelus by, but slew his neighbour in the line' . . . such was the tale Epizelus told, as I heard . . ."

The description is so clear and convincing that the clinical diagnosis of a battle conversion can hardly be argued.

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THE SPECIFICITY OF LITHIUM

DEAR SIR,

Controlled studies have indicated that lithium is significantly effective in a wide spectrum of psychiatric illnesses. In addition to its well established efficacy in the acute treatment of mania, and maintenance treatment of bipolar manic-depressive illness, several other therapeutic claims have been made, especially for recurring cyclical and episodic disorders. Thus lithium has been found effective in certain depressions (Mendels, 1976), schizoaffective or cycloid illness (Perris, 1978), periodic psychosis (Schou *et al*, 1970), recurring aggression (Sheard *et al*, 1976), epilepsy (Erwin, 1973), schizophrenia (Taheri, 1976), and chronic cluster headaches (Ekbom, 1977), just to mention some of the most extensively studied clinical applications. Despite methodological limitations, most of these studies have shown lithium's effectiveness at a statistically significant level.

This accumulated evidence strengthens the idea of lithium's multiple clinical actions and has intriguing theoretical and clinical implications. If we accept this as a fact, it seems likely that lithium's effectiveness is not restricted to a particular nosological entity but to a broader cluster of different nosological syndromes of a recurrent episodic nature alternating with intervals free of evident psychopathology.

Are these syndromes different phenotypical expressions of an as yet undefined, but clinically quite common, nosological entity whose most consistent and unifying external manifestations are the episodic, self-limited, recurrent appearance of a multi-facial psychopathology with abatement of symptoms between episodes? In that case, can this entity be further delineated on the basis of any common clinical, biological, genetic, or epidemiological variables? Despite extensive research in this field our progress has been hampered by the constraints imposed by the traditional monoaxial approach to psychiatric diagnosis based primarily on clinical symptomatology.

Our final goal should be to identify more consistent entities using a multiaxial approach to diagnosis with some of the major axes, besides symptomatology, being the pattern of the illness (previous duration, course of symptoms, frequency, free intervals), severity (personal relationships, functioning), circumstances associated with symptoms (genetic load, biochemical, histological, psychological, drugs, alcohol) and prognostic features including response to treatment. By applying this multiaxial approach to the lithium-responsive syndromes, we may see that the vast majority of them, present with a common pattern of illness, characterized by cyclic, recurrent episodes with improved interval functioning. To what extent this cluster of syndromes represents a separate clinical entity with different phenotypical expressions must be further investigated using appropriate diagnostic criteria centered around the different axes proposed.

Of course this kind of reasoning is open to discussion, but we believe that this is the proper time for it.

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