with diethylpropion, the clinician should be aware that an occasional patient may develop psychotic side-effects in association with its use.

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Self-Inflicted Eye Injuries

SIR: With reference to the report by Thomas *et al* on eye injuries (*Journal*, November 1987, **151**, 691–693), I would like to present two cases, both male and 22 years of age and both admitted to hospital with a diagnosis of paranoid schizophrenia. In one case the patient showed on admission bilateral corneal abrasions that he had inflicted himself with his fingernails because his eyes were "unable to tell between left and right". The other patient had succeeded in enucleating his right eye with his fingers, although he did not give any explanation for his action. About one year later he was readmitted to hospital; on this occasion he bit off and swallowed one-third of his tongue. At that time he would say that the devil was inside his body.

There are many reports in the literature about self-inflicted injuries in schizophrenic patients and they tend to be particularly bloody and cold acts, suggesting perhaps a change in their way of perceiving pain and in the way they relate to their own bodies.

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Psychosomatic Medicine and Contemporary Psychoanalysis

SIR: We hope that the lukewarm review by Teresa Black of Graeme J. Taylor's book *Psychosomatic Medicine and Contemporary Psychoanalysis* (*Journal*, April 1988, **152**, 590–591) will not deter people from reading it. In our view it is an important book, which encompasses various fields of work, and repays careful reading by those seriously interested in integrating concepts and research within overlapping disciplines.

Far from being a disadvantage, as indicated by the reviewer, the breadth of Taylor's view is his strength, and he has attempted something which is, indeed, important: collating ideas, hypotheses, and facts drawn from research in different fields of study, and with considerable scholarship. Those who are interested in integrating research across boundaries will be glad to see a book of such exceptional calibre, with its well authenticated information, written with clarity.

It is perhaps difficult for any reviewer to have had experience of such a range of complex fields; the book covers neurophysiology, psychobiological animal studies, psychosomatic disorders, and recent psychoanalytical theory, while relating work of such diverse authors as the infant animal work of Hofer and Ader, the child studies of Winnicott, Mahler and Bowlby, and the psychoanalytical observations of Kohut and Kernberg. An example is the clarifying and linking of object relations theory with Hofer's work on psychobiological internal regulators which, when defective, are basic to the understanding of inadequate coping mechanisms of adult life, and are, therefore, particularly relevant in psychosomatic disorders.

This is a well-written seminal book by an original thinker and is of importance.

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Vitamin B12 in Psychotic Depression

SIR: Vitamin B12 and folate are essential in several important metabolic processes in man. Low folate levels have been associated with mood disturbance, whereas low B12 has been more often associated with organic disorders and psychosis (Evans *et al*, 1983). Most early studies of B12 in psychiatric disturbances used heterogeneous groups of medicated patients, older and less accurate measures of B12, and broad diagnostic categories (Shulman, 1967). In addition, the relationship between B12 and folate levels and

psychotic versus non-psychotic depression has not been systematically studied. We therefore examined B12 and folate levels in unmedicated patients with well-defined major depression to determine the association between psychotic depression and serum levels of these vitamins.

Of 53 patients presenting to the Mood Disorders Clinic with a major depressive episode as defined by Research Diagnostic Criteria (Spitzer *et al*, 1977) generated from the Schedule for Affective Disorders and Schizophrenia — Lifetime Version (Spitzer *et al*, 1978), five patients (9%) had psychotic depression and 48 patients had major depression alone. The mean B12 concentration, measured by radioimmunoassay (Quantphase, Bio-rad, California), for the psychotic group was 181.6 ± 57.3 pmol/l (range 107.0 ± 266.0 pmol/l), while the mean B12 for the non-psychotic group was $316{\cdot}7 \pm 105.4$ pmol/l (range 139.0–574.0 pmol/l) (normal range = 110–630 pmol/l). Using *t*-tests, there was a statistically significant difference between the two groups for B12 levels ($t = 2.8$, d.f. = 51, $P < 0.01$) but not for folate levels. Furthermore, when several clinical and behavioural variables such as age at onset and duration of depressive illness were entered into a multiple regression with B12 as the dependent variable, the presence or absence of psychosis contributed significantly to variance in B12 ($R^2 = 0.13$, d.f. = 48, $P < 0.01$).

Patients with psychotic depression may have a lower B12 level than non-psychotic patients. This confirms previous findings that low B12 is associated with mental disturbance (Shovron *et al*, 1980). This is the first report of which we are aware of a specific association between psychotic depression and lower B12. We have previously shown (Levitt & Joffe, in preparation) that B12 is not associated with duration of current depression or weight and appetite changes in depression. In addition, B12 depletion may take many months. It is therefore unlikely that nutritional deficit secondary to the anorexia of current depression is primarily responsible for the lower B12. Although low B12 may sometimes result from low folate, we did not find a significant difference in folate levels between the psychotic and non-psychotic depressives. Another possible explanation for this difference is that lower B12 predisposes to the development of psychotic symptoms during a depressive episode. This hypothesis needs to be tested on a large population with repeated measures of B12 after recovery.

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Clinical Dementia Rating

SIR: The Washington University Clinical Dementia Rating (*Journal*, 1982, **140**, 566–572) has been widely adopted. A revision of this staging scale was published in a Letter to the Editor (*Journal*, 1984, **145**, 339).

In order to describe more precisely the rating of questionable dementia (CDR 0.5), our group has recently published a second revision (*Mount Sinai Journal of Medicine*, 1988, **55**, 87–96). Because this change may be of interest to your readers, the newest version is offered here (Table I).

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Delusional AIDS and Depression

SIR: In high-risk subjects (drug addicts, homosexuals, anancastic or paranoid personalities) depressive states have been observed in which patients held the delusional belief of having AIDS (Miller *et al*, 1985; Fleming, 1986). We report a case of a patient showing a delusional idea of death from AIDS.

Case Report: R.M. is a 32-year-old heterosexual male with no previous personal or family history of psychiatric disorder. At the age of 30 he developed the fear of being affected by AIDS because he occasionally experienced cephalgia, vomiting, and diarrhoea; repeated routine blood tests were always negative. But the patient remained unconvinced, and at the age of 32 he applied for admission to an infectious diseases unit. HIV antibody testing gave negative results. Nevertheless, the patient remained deluded, convinced of his infection, and decided to await death: he therefore stopped work and took to his bed. This behaviour was