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Depression and polycythaemia

SIR: The article by Murray & Hodgson (*Journal*, June 1991, **158**, 842–844), regarding a patient with depression and polycythaemia, emphasises the potential for cerebral ischaemia in this disease which we have noted can cause psychiatric symptoms (Aker *et al*, 1990). This is brought about by the mechanism of blood sludging which can be reversed or prevented by anticoagulant therapy (Knisely, 1968).

We have found the use of anticoagulant therapy very useful for dementia due to arteriosclerosis (Walsh *et al*, 1972), and see no reason why it would not work well in polycythaemia patients who do not respond to venesection. It would be well worth a trial before resorting to electroconvulsive therapy. Since this approach focuses on relieving the primary cause of the mental upset, cerebral ischaemia, the results could be far superior to ECT.

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What's in a name?

SIR: Power-Smith (*Journal*, August 1991, **159**, 296) was bemused with the term 'Consultant Physician (Mental Health)' and canvassed for other appellations. The following are lists (Walter, 1991) of formal and slang terms which have, at various times, been used to designate members of our profession:

- (a) *Formal appellations*: clerical mad doctor, psychopathic practitioner, alienist, mental hygienist, psychiatrist, psychotherapist, therapist, psychoanalyst, analyst, nerve specialist, mental specialist.
- (b) *Slang appellations*: mad-doctor, nut-doctor, looney-doctor, crazy-doctor, bug-doctor, squirrel-doctor, psycho, psyche, psych, sickey-ackey, sky-high-atrist, headpeeper, couch-doctor, trick-cyclist, headshrinker, shrinker, shrink, straightener.

The number, range and nature of such designations attest historical changes in the treatment of mental illness, euphemistic influences and the ambivalent attitude displayed towards those who manage mental illness. Other factors may also play a part. It may not be coincidental that the word 'psychotherapist' became fragmented into 'psycho, the rapist' (Mackay, 1990) in Australia at a time when there was a much publicised case of therapist–patient sexual contact. The relevance to our profession is that the maintenance of moral and ethical standards of care may not prevent the introduction of unsavoury appellations but will also not actively encourage them.

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Monozygotic male triplets discordant for psychosis

SIR: Differences in brain morphology between monozygotic twins discordant for schizophrenia suggest brain damage as a cause of the psychosis. I report a rare occurrence, a persisting schizoaffective psychosis in one of monozygotic male triplets with MRI findings suggesting abnormality in the unaffected siblings. The diagnoses were made with the Schedule for Affective Disorders and Schizophrenia (SADS).

The triplets were born of a healthy 19-year-old married woman. The normal pregnancy ended at 36