

NEURAL AND PSYCHOLOGICAL DEVELOPMENT

DEAR SIR,

I wish to congratulate Drs Myersburg and Post (*Journal*, August 1979, **135**, 139–55) for their interesting attempt to integrate the contributions of several disciplines in order to illustrate the correspondence regarding basic developmental milestones. Two further pieces of evidence are worth mentioning.

One criticism of the emphasis on myelination as an indication of the functional maturation of the brain has been that impulse traffic starts and acts on neurons during development, before they acquire myelin sheaths. In Conel's monumental work, maturation is measured not only by myelination but by four other criteria: The state of branching and development of the apical and basal dendrites; the presence of neurofibrils in the cell bodies; the state of axonal branching; the actual number of neural fibres.

The effect of environmental factors on developmental processes and critical periods has been examined recently. Winnick's work on nutrition and mental development, which has not been mentioned in their article, supports their postulate that environmental experiences do affect neural substrates and subsequent behaviour.

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References

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DELUSIONS OF INFESTATION

DEAR SIR,

I would like to amplify slightly Professor Trethowan's succinct review of Annika Skott's monograph, *Delusions of Infestation—Ekbohm's Syndrome* (*Journal*, August 1979, **135**, 185). Professor Trethowan is quite correct in saying that Dr Skott has found good evidence that infestation delusions can be related to various psychiatric disorders, such as mental handicap, depressive illness, personality disorder, paranoid illness and schizophrenia. In her discussion she also mentions that they can be the presenting picture in cases of monosymptomatic hypochondriacal psychosis (MHP) which may manifest with infestation or other delusions (Munro, 1976; Reilly, 1977).

My intention in writing is simply to counteract an erroneous implication which could arise from Professor Trethowan's statement that "the impression . . . that a delusion of infestation is usually an isolated phenomenon occurring without relation to other psychotic symptoms and best characterized as a primary delusion, is incorrect". The comment is perfectly true as regards the majority of cases reported by Dr Skott, but certainly does not hold for cases of MHP. I only underline this because MHP has been a neglected diagnosis in Britain until lately and it is important that it be recognized when it occurs, since it appears to be so amenable to treatment with pimozide (Freeman, 1979).

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- FREEMAN, H. (1979) Pimozide as a neuroleptic. *British Journal of Psychiatry*, **135**, 82–83.

LEVODOPA IN SENILE DEMENTIA

DEAR SIR,

Adolfsson *et al* described changes in brain dopamine concentrations in patients with dementia of the Alzheimer type (*Journal*, September 1979, **135**, 216–23). In their discussion they made the suggestion that the substitution of levodopa may be of benefit in this condition.

We have reported a double-blind crossover trial of levodopa in 14 patients with senile dementia (Lewis *et al*, 1978). Using a daily dose of 875 mg of levodopa per day a significant improvement was found with the Crichton Intellectual Rating Scale but not on the Behaviour Rating Scale. One further experience showed that the small gains made in intellectual performance were maintained for several months (Johnson *et al*, 1978). However, the clinical relevance of these findings appear to be questionable and we are doubtful as to whether levodopa should be recommended as routine treatment in this condition at present.

Bromocriptine is a dopamine agonist acting as a dopamine receptor sensitizer, but this drug did not have any demonstrable effect on intellectual function in patients suffering from senile dementia (Smith