admission and compulsory detention to a psychiatric hospital.


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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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**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...
Depression and polycythaemia.
A C Walsh
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