

REFERENCES

- PYLYSHYN, Z. W. (1970). 'Clinical correlates of some syntactic features of patient's speech'. *J. nerv. ment. Dis.*, 150, 307-316.
- SILVERMAN, G. (1972). 'Psycholinguistics of schizophrenic language'. *Psychol. Med.*, 2, 254-259.
- (1973). 'Redundancy, repetition and pausing in schizophrenic speech'. *Brit. J. Psychiat.*, 122, 407-13.

MYASTHENIA GRAVIS AND SCHIZOPHRENIA

DEAR SIR,

Having read the interesting paper by Drs. Gittleston and Richardson (*Journal*, March 1973, 122, 343-4) I thought it might be worth while to report another such case.

Mrs. I.P. was born in Dortmund, Germany, in 1937.

Family history. Her father died during the war. He suffered from a 'nervous illness' of which no details are known. Her mother has been well; she remarried and the patient has two step-sisters.

Personal history. She had an uneventful childhood and left school at 15. She worked as a shop assistant and married, aged 19, a British national serviceman stationed in Germany. They came to England in 1957, separated in 1962, and later divorced. There were no children.

Past psychiatric history. In 1954 at the age of 16 the patient was admitted to a psychiatric hospital in Germany suffering from auditory hallucinations and paranoid delusions and was diagnosed as having paranoid schizophrenia. She was treated with ECT, drugs and 'fever therapy' and recovered.

History of present illness. In December 1963 she began to notice nasal regurgitation, slurring of speech and general weakness. In March 1964 she was admitted to St. Mary Abbots Hospital, Kensington London, diagnosed as having myasthenia gravis and was treated with neostigmine and pyridostigmine. She was also noted to be pregnant. Soon after her discharge she was readmitted with a spontaneous abortion and within a week she became auditorily hallucinated. She was transferred to the National Hospital, Queen Square, where she expressed the belief that people were trying to control her and were able to read her thoughts. She was investigated, and LE cells were found on one occasion, but this was not confirmed. She was treated with phenothiazines and recovered in the course of a month.

In July 1964 she had a thymectomy at the Middlesex Hospital but continued to require neostigmine and pyridostigmine. From then until 1970, when she returned to Germany, she was admitted to the Middlesex Hospital rather more than once a year because of her severe myasthenic symptoms, which were poorly controlled. These were difficulty in chewing and swallowing; slurring of speech; impaired grip with a tendency to drop things; weakness of the back and legs; and back pain. Signs noted were bilateral ptosis, weakness of palate, face and jaw and general wasting and weakness of the musculature of trunk, arms and legs.

In 1967, 1968 and 1970 she was admitted to the Middlesex Psychiatric Unit at Woodside Hospital with florid psychotic symptoms. On the first two occasions she was transferred from the neurological ward, where she had been admitted because of an exacerbation of her myasthenic symptoms. In 1967 she was hallucinated, with accusatory voices; she felt that electricity was playing on her and she misidentified people. In 1968 she was restless, agitated and at times disorientated; she was deluded and auditorily hallucinated and her mood was labile and incongruous. In 1970 she was found to be disturbed, thought-disordered and expressing delusional ideas. On each occasion she was treated with chlorpromazine and trifluoperazine and she settled down after periods in hospital of 2 months, 4 months and 3 months. After her recovery in 1967 she again became pregnant and she had an uneventful therapeutic abortion.

It is of interest that after her mental state had improved in 1970 she developed an arthropathy and a pericardial rub indicating active disseminated lupus erythematosus, and she was treated with azothiaprime.

In Germany her psychotic symptoms have recently been attributed to an ephedrine psychosis. In 1967 and 1968 she was taking ephedrine 30 mg. t.d.s. and atropine 0.6 mg. t.d.s. but she was not taking any in 1964 or 1970 and her first psychotic illness occurred ten years before the onset of myasthenia.

I do not think there can be much doubt that the psychiatric diagnosis was a recurrent schizophrenic reaction to the stress of severe myasthenia (associated here with DLE) in an individual shown by her illness at 16 to be predisposed to this form of psychosis.

I should like to thank Dr. Michael Kremer and Dr. J. A. Hobson for permission to report this case.
W. DORRELL.

*The Middlesex Hospital
Department of Psychological Medicine,
Cleveland Street, London W1.*

DICHOTOMOUS THOUGHT PROCESSES IN ACCIDENT-PRONE DRIVERS

DEAR SIR,

I read the paper on accident-prone drivers by Plummer and Das (*Journal*, March 1973, 122, 289), with considerable interest, but doubt whether this study supports their conclusions. My main criticism rests on the composition of their groups and the concept of accident proneness.

It is well known that young drivers aged between 17 and 25 have higher than average accident rates; that men greatly outnumber women in this kind of misfortune; and that the hazards for young motor cyclists are very much greater than those to which car drivers are exposed. The control group in this study contained rather more women and had a mean age