

($r = -0.95$) and Koczapski *et al* (1985) ($r = -0.89$). Also, their observation that weight gain was greatest during the fourth quartile of the day (6 p.m. to 12 midnight) is consistent with our finding that fluid consumption is greatest during that quartile among chronically psychotic polydipsic patients. (Vieweg *et al*, 1986).

We offer another explanation as to why their patient receiving lithium had the poorest correlation between plasma sodium and body weight, since our work (Vieweg, 1987b) and that of Goldman *et al* (1988) provide compelling evidence that levels of antidiuretic hormone are inappropriately present among hyponatraemic chronically psychotic patients subject to water intoxication. Also, we have used lithium to promote diuresis in such patients (Vieweg *et al*, 1988a).

Sleeper (1935) and we, more recently (Vieweg *et al*, 1988b), have emphasised the importance of an empty bladder in assessing water dysregulation among chronically psychotic patients. Such patients, particularly those likely to experience water intoxication, may have residual volumes of up to 3 l of urine. We suspect that Delva & Crammer's patient receiving lithium had varying degrees of urinary retention at the time of weighing which confounded their findings. The data on their other seven patients offer compelling evidence that the haemodilution secondary to antidiuresis explains the relationship between plasma sodium and body weight. Thus, unless they suggest that lithium promotes brisk natriuresis, methodological error must be operative.

W. V. R. VIEWEG
L. S. GODLESKI

University of Virginia
Charlottesville
Virginia 22908
USA

References

- GOLDMAN, M. B., LUCHINS, D. J. & ROBERTSON, G. L. (1988) Mechanisms of altered water metabolism in psychotic patients with polydipsia and hyponatremia. *New England Journal of Medicine*, **318**, 397–403.
- KOCZAPSKI, A., IBRAHEEM, S., PAREDES, J. & LEDWIDGE, B. (1985) Diurnal variations in hyponatremia and body weight in chronic schizophrenics with self-induced water intoxication. *Journal of Clinical and Investigative Medicine*, **8**, A86.
- SLEEPER, F. H. (1935) Investigation of polyuria in schizophrenia. *American Journal of Psychiatry*, **91**, 1019–1031.
- VIEWEG, W. V. R., DAVID, J. J., ROWE, W. T., YANK, G. R. & SPRADLIN, W. W. (1986) Diurnal variation of urinary excretion for patients with psychosis, intermittent hyponatremia, and polydipsia (PIP syndrome). *Biological Psychiatry*, **21**, 1031–1042.
- , GODLESKI, L. & YANK, G. (1987a) Diurnal weight gain as an index of polyuria and hyponatremia among chronically psychotic patients. *Neuroendocrinology Letters*, **9**, 218.
- , — & — (1987b) Diurnal variation of serum sodium and ADH among patients with psychosis, intermittent hyponatremia, and polydipsia (PIP syndrome). *Neuroendocrinology Letters*, **9**, 219.
- , WEISS, N. M., DAVID, J. J., ROWE, W. T., GODLESKI, L. S. & SPRADLIN, W. W. (1988a) Treatment of psychosis, intermittent hyponatremia, and polydipsia (PIP syndrome) using lithium and phenytoin. *Biological Psychiatry*, **23**, 25–30.
- , GODLESKI, L. S., GRAHAM, P., BARBER, J., GOLDMAN, F., KELLOGG, E., BAYLISS, E. V., GLICK, J., HUNDLEY, P. L. & YANK, G. R. (1988b) Abnormal diurnal weight gain among long-term patients with schizophrenic disorders. *Schizophrenia Research*, **1**, 67–71.

SIR: We agree that the lower correlation between plasma sodium and body weight ($r = -0.65$) in the lithium-treated patient may have been due, at least in part, to variably incomplete bladder emptying. This is one possibility among several; another is that variable amounts of unabsorbed water may have been present in the gut at the time of weighing.

Although the cause of the lower correlation in this patient remains unclear, the problem of incomplete bladder emptying is one that should be taken into account in the design of studies for this group of patients. Incomplete emptying can be prevented by bladder catheterisation, and though this method is used routinely in animal experiments, complications, especially in males, make its use problematic in human subjects. In addition, many chronic psychiatric patients with polydipsia would find this procedure unacceptable. At present, therefore, the simplest way to correct for incomplete urine samples is to measure urinary creatinine excretion and we have used this method in all our recent work.

NICHOLAS J. DELVA

Queen's University
Kingston
Canada K7L 3N6

JOHN L. CRAMMER

Institute of Psychiatry
London

The Mind-Body Problem: Another Defect in Training

SIR: Yorke (*Journal*, January 1988, **152**, 159–163) has recently discussed the lack of confidence that assails many psychiatrists as a consequence of their failure to acquire a systematic grasp of psychological theory. Training in this subject is clinical, empirical, and piecemeal, and the result is optimism in the presence of patients we can treat, and helpless amateurishness with the rest, whom we are at a loss to