other lithium-treated cases had hyperparathyroidism (MacGregor, 1977). A case of mine indeed had both hyperthyroidism and a parathyroid adenoma, which was excised (MacGregor, 1977). It would be valuable to know whether the present case had the 'autoimmune' HLA antigen in her lymphocytes. An earlier immune process of some sort is likely to have sparked-off the hypersecretion in these patients.

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References

- MACGREGOR, G.A. (1977). Hyperthyroidism and a parathyroid adenoma complicating lithium treatment (letter). *Lancet*, **ii**, 1129.
- THOMPSON, C.J. & BAYLIS, P.H. (1986). Asymptomatic Graves' disease during lithium therapy. *Postgraduate Medical Journal*, **62**, 295.

This letter has been shown to Drs Thompson and Baylis who reply:

Sir,

The association of lithium treatment and thyrotoxicosis has, as Dr MacGregor suggests, been reported previously. Our patient differed from the case reported by Dr MacGregor in his letter to the *Lancet*, and indeed from the majority of other cases in the literature, by demonstrating clear evidence of Graves' disease, with high titres of circulating thyroid autoantibodies, and marked ophthalmopathy. We have not determined her HLA typing.

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