

Although we admire the industry of the authors, we are not convinced that the design of their study allowed them to do more than confirm a number of already known facts; e.g. that the prognosis is better in schizoaffective patients and worse in those with poor premorbid social adjustment who present early.

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References

THORNER, M. O. O. & EVANS, W. S. (1984) Is prolactin a marker for brain dopamine function? In *Neuroendocrinology and Psychiatric Disorders* (eds. G. M. Brown *et al*) New York: Raven Press

Lorazepam Dependence and Chronic Psychosis

DEAR SIR,

Drs Fraser and Ingram report a nine-year psychosis in a Glasgow college student who became paranoid, withdrawn, neglected, deluded and possibly hallucinated, which they attribute to lorazepam from his G.P. (*Journal*, August 1985, 147, 211). Benzodiazepines are the psychotropic medication most widely prescribed in general practice. That they can produce a classical picture of schizophrenia would surely be a most important discovery if substantiated.

However, another explanation is available. The college student recovered immediately after receiving about 120 mg of haloperidol in a fortnight. The fact that he then remained well for 6 months without medication would not be unusual in schizophrenia, particularly if the intervention had reduced his exposure to criticism and expressed emotion at home. The lorazepam may have been irrelevant.

CORRECTION

In the INDEX TO VOLUME 147, July-December 1985, page 4, Dupuytren's contraceptive should read Dupuytren's contracture.

In view of the importance of the issue they have raised, perhaps Dr. Fraser and colleagues could report follow-up on this case after, say, 2 years?

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Hypomania Following Cognitive Therapy

DEAR SIR,

We read with interest the report of the development of hypomania following cognitive therapy (*Journal*, January 1986, 148, 103-104). However, we feel that there is a more parsimonious explanation of this event. This case appears typical of a bipolar affective disorder developing in middle life. The use of cognitive therapy is purely coincidental and there are no more grounds for attributing an aetiological role to this than to her filling in of numerous questionnaires. Extrapolation from a single case remains perilous and this hazard is not reduced when the authors outnumber the patient 'four to one' or by the inclusion of a graph.

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Misprint of the Year

DEAR SIR,

In Gellner's *The Psychoanalytic Movement* (St Albans: Paladin, 1985), the only reference to Freud's daughter calls her Anna Fraud (page 188). What kind of a slip is this?

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