Six women and 11 men, aged 18 to 35 (mean = 27), with a diagnosis of schizophrenia according to Feighner's diagnostic criteria for 2 to 12 (mean = 7) years, and complying with Wing's 1961 criteria for negative symptoms, were randomly allocated on a double-blind basis to treatment with sulpiride at a dose of either 50 mg ($n = 9$) or 400 mg ($n = 8$) three times daily. All patients completed 30 days, and 12 (low dose $n = 7$, normal dose $n = 5$) completed 60 days of treatment.

Brief Psychiatric Rating Scale (BPRS) and Clinical Global Impression (CGI) scores were obtained at standard intervals during the course of the study, and the patients were examined daily for side-effects. Prior to the study, two patients had never had drug treatment, and the remainder had received no drugs for a mean of 82 days (range 7–540).

Only the low dose patients underwent significant improvements, both clinically and statistically. At 30, 45, and 60 days the BPRS mean total had decreased significantly from the Day 1 value, and analysis of symptom scores showed this improvement was due mainly to a fall in the portion of the total score contributed by the items 'emotional withdrawal' and 'blunted affect', i.e. the negative symptoms. After 30 days' treatment, mean 1200 mg versus 150 mg dose negative symptoms sub-totals were 10.5 vs 7.7 (Day 1 scores 10.8 vs 9.7), *t*-test (2-tailed) between changes of each score from Day 1 significant at $P < 0.01$; after 60 days, 10.0 vs 2.7, $P < 0.01$. The CGI, which would have been largely determined by the predominantly negative symptom profile of each patient, showed a similar result of significant improvement from Day 30 onwards restricted to the low dosage group. Two patients on normal dosage experienced an episode of acute dystonia at the start of treatment, which resolved spontaneously; there were no other significant side-effects.

Full details of the study are being submitted for publication. However, in recent years, particularly as a result of the work of Johnstone *et al* (1978) on the isomers of flupenthixol, it has been considered increasingly likely that the beneficial effects of conventional neuroleptics are restricted to positive symptoms (delusions, hallucinations, and thought disorder) of schizophrenia, and we think this result with an atypical anti-psychotic drug is of interest.

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Allergic Type Response to Trazodone

SIR: Trazodone is a triazole pyridine derivative unrelated in structure and pharmacology to the tricyclics, tetracyclics and monoamine oxidase inhibitors. It has been associated with dermatological reactions including erythema multiforme (Ford & Jenike, 1985) and leukocytoclastic vasculitis (Mann *et al*, 1984). We wish to report what appears to be a previously undescribed reaction.

Case report: C.M. is a 52-year-old male executive with a history of myocardial infarction in 1972 and 1983. He underwent triple bypass surgery in 1984 and has been physically well since. Six weeks prior to presentation he was involved in a minor road traffic accident with no physical injuries. He began to complain of persistent anxiety, marked insomnia, loss of confidence, lethargy, social withdrawal, irritability, loss of interest in his job, and consistent depression with diurnal variation. He had no previous personal or family history of psychiatric disorder. A diagnosis was made of a depressive anxiety state precipitated by a traumatic episode. In view of his cardiac status he was commenced on trazodone (50 mg t.i.d.). He was on no other medication. Within 24 hours he noted swelling of the index finger of his right hand and within a further 24 hours both his hands became markedly swollen to the extent of his being unable to make a fist. He reported this to the local casualty officer but neglected to mention that he was on medication. Observation was advised and no medication was prescribed. He continued to take trazodone and within a further 24 hours both his feet and legs developed significant swelling. He also complained of a generalised throbbing headache. At this stage he discontinued the trazodone and his symptoms totally resolved over the next 48 hours. He reported this condition on follow-up. In view of his cardiac condition he was not challenged again with trazodone.

This pattern of clinical presentation and resolution with cessation of the drug indicates that the symptoms were directly related and is suggestive of an allergic type response.

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Obsessive-Compulsive Disorder – A Complication of Benzodiazepine Withdrawal

SIR: There has been increased awareness in recent years of the symptoms of benzodiazepine withdrawal. Although obsessional symptoms have been described as part of this withdrawal syndrome (Ashton, 1984), obsessive-compulsive disorder (American Psychiatric Association, 1980) has not previously been reported.

Case Report: The patient, a 32-year-old married woman, had a history of recurrent depression treated by diazepam (6 mg daily) for the previous 7 years. She discontinued this abruptly in June 1985 on her general practitioner's advice as she was planning a pregnancy. Two weeks after discontinuing medication she developed symptoms of anxiety, insomnia, nightmares, and hyperacusis, similar to those reported by Tyrer *et al* (1983), which persisted for several weeks. Four weeks after discontinuing diazepam, however, she also developed obsessive-compulsive symptoms related to a fear that she might inadvertently reveal information to other people which would lead to the loss of her home and family. This resulted in her hoarding rubbish and avoiding going out alone. When outside her home she would stop and collect any rubbish on the road or pavement. She repeatedly checked the contents of her dustbin and also her own and other people's clothes, shoes, pockets, and money. She frequently asked her family for reassurance and help with her checking rituals. She refused to be left alone in the house for fear that she might throw "evidence" out of the window and, ultimately, required a family member to accompany her to the toilet or bath. During the night she would wake her husband and request him to go into the garden to check that she had not thrown anything out of the window. Her symptoms temporarily abated when in September 1965 she recommenced diazepam for a 2-week period, but they returned and increased in intensity on its cessation. In December 1985 she developed a severe depressive illness and was admitted to hospital in February 1986 following her general practitioner's request for a psychiatric opinion. As an in-patient she was treated with clomipramine (150 mg daily) and after 4 weeks was free of depressive symptoms. However, her obsessive-compulsive symptoms remained until April 1986 when a treatment programme of graded exposure in real life with self-imposed response-prevention (Marks *et al*, 1975) was instituted. In July she was discharged from active behavioural treatment with marked improvement in her obsessive-compulsive symptoms. She has continued to improve with homework practice and at follow-up in September 1986 was able to perform home-management tasks with little fear, although remaining anxious when walking along outside her home.

As well as suggesting a previously unreported psychiatric complication of benzodiazepine withdrawal, this case demonstrates that when depression coexists with obsessive-compulsive disorder, treatment of the depressive symptoms may not lead to resolution of the obsessional symptoms (Marks *et al*, 1980).

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Schizophrenia and Ethnicity

SIR: The frank suggestion by Teggin *et al* (*Journal*, November 1986, **149**, 667–668) that South African Xhosa patients are members of the Third World whilst their White compatriots live in the First World is to be welcomed. Nevertheless, it seems somewhat disingenuous to take as instances of "scientific truth" social and psychological variables which are dependent upon a system of racial classification which for many years has had no scientific support from social scientists or physical anthropologists. "Ethnicity" is a complex and polyphemous notion; to use it unproblematically, however, as if the psychiatric characteristics of a particular group can be