

epilepsy, Peyronie's disease, diabetes, injury, liver disease and others (Nohle *et al*, 1984). None have been universally accepted or proved.

When studying the increased incidence of longevity of the mentally handicapped, we noted a number of cases of Dupuytren's disease. We therefore decided to survey the total population of the Stoke Park Group of Hospitals in Bristol, resident in January 1984. There were 1092 mentally handicapped patients (576 males and 516 females). Out of the total number, 36 suffered from Dupuytren's disease (22 males and 14 females). All detected cases were independently assessed by hospital medical staff, visiting orthopaedic surgeon and hospital physiotherapists. Age ranged from 31 to 77 (mean 53.3 years) in males and from 32 to 96 (mean 69.1 years) in females. IQ distribution was from <15 to 69 (mean 33.1) in males and from <15 to 69 (mean 40) in females. Distribution of Dupuytren's disease was as follows:

<i>Males</i>	
Both hands	11 cases
Both hands and both feet	2 cases
Right hand only	5 cases
Right hand and left foot	1 case
Left hand only	2 cases
Right foot only	1 case
	Total: 22 cases
<i>Females</i>	
Both hands	8 cases
Both hands and right foot	1 case
Both feet	1 case
Right hand only	4 cases
	Total: 14 cases

Epilepsy was present in nine males and seven females. Two males suffered from Fragile X Chromosome abnormalities and one female from diabetes. No Down's syndrome cases suffered from Dupuytren's Disease, nor were any other abnormalities detected so far, but we are continuing a detailed examination and we shall report our findings at a later date.

J. JANCAR
H. E. D. GRIFFITHS
BARBARA SAWDON

Stoke Park Hospital,
Stapleton, Bristol BS16 1QU

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Season of Birth of Schizophrenics in Hong Kong

DEAR SIR,

In his article entitled "A Re-Evaluation of the Viral Hypothesis" (*Journal*, September 1984, 145, 243–253), Dr. T. J. Crow opined that the season of birth effect is accentuated in, and perhaps confined to the group of patients without a family history of the disease.

Other workers, however, found that this effect appeared among unmarried (presumably severe) schizophrenics but not among married patients (Watson *et al*, 1984) and schizophrenics with negative syndromes are significantly more often born in the winter (Opler *et al*, 1984).

To clarify the situation, I collected all schizophrenic cases that came to me for follow-up within a period. Cases are divided into those with and without family history and their dates of birth are recorded. For those with family history in their first degree relatives (parents and siblings), only those whose relatives are suffering from schizophrenia are included, while those suffering from affective disorder or neurosis are discarded. Altogether I collected 188 cases, of these 122 have negative family history and 66 have positive family history.

As Hong Kong is a subtropical city, there are only two distinct seasons; the hot months range from April to September and the cool months from October to March. Nevertheless, outdoor activities are practised all the year round without any restrictions as in temperate countries. Moreover, infectious diseases are more common in summer months than in winter months.

My findings are (statistical method by analysis of variance):

1. There is no reason of birth effect in the schizophrenic patients without family history (P:NS).

2. There is significant season of birth effect in the schizophrenic patients with family history. More births are seen in the cool months, that is, October to March (P<0.005). There is no sex difference.

There is indication that schizophrenic patients with positive family history have a poorer

prognosis. Therefore, the finding is compatible with those presented by Watson and Opler. If the finding is related to a hereditary basis of the disease, it does not contradict the gene-virus theory although the statement by Tim Crow is not supported.

C. W. LO

*Kowloon Hospital,
147A Argyle Street,
Kowloon, Hong Kong*

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	Month	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Total
Without family history	Female	10	9	7	5	3	2	5	7	4	8	8	6	74
	Male	3	4	5	3	2	2	5	6	6	6	3	3	48
	Total	13	13	12	8	5	4	10	13	10	14	11	9	122
With family history	Female	3	2	7	5	5	5	2	3	2	2	0	0	36
	Male	5	3	2	4	0	5	4	2	1	1	3	0	30
	Total	8	5	9	9	5	10	6	5	3	3	3	0	66

Alprazolam in Depression

DEAR SIR,

May I suggest that Dr. Imlah's valuable finding (that alprazolam is more effective than amitriptyline) must be interpreted with caution? (*Journal*, May 1985, **146**, 515–519).

He observed patients on both drugs over four weeks while still taking the drug. The alprazolam group were therefore showing the effects of both the antidepressant and tranquilising effects of this drug.

Benzodiazepines reduce the severity of various depressive symptoms, and are used for this purpose in general practice (e.g. Barraclough, *Journal*, October 1974, **125**, 355–373). The lower scores of the alprazolam group may partly have resulted from this, and might perhaps have been less impressive after drug withdrawal.

*Institute of Psychiatry,
De Crespigny Park,
London SE5 8AF*

A. C. CARR

A HUNDRED YEARS AGO

Yorkshire. North Riding. The open-door system is in use here in a modified form on the female side. Only external doors are locked, and it is possible to go through all the wards of the division without using a key. The Commissioners say: "We highly commend the system as here in use, and hope it may be extended to the male division. No inconvenience has arisen from it, and it is not found that patients desire to stray from their own ward." They also express approval of the bed-making and other domestic work in the male wards being done by

female patients under the guidance of special nurses. Relative to exercise they report: "We are glad to observe that as many as 308 patients of the two sexes have weekly walks beyond the asylum grounds; those, however, who are daily taken for exercise outside the airing courts are but 76, and we think the system of daily extended exercise should be further developed."

*Researched by Henry Rollin,
Honorary Librarian,
Royal College of Psychiatrists.*

Reference

Journal of Mental Science (October 1886). Asylum Reports.