environment, and take up valuable nursing time that could be used to treat patients with demonstrable psychiatric illnesses, needing care which could only be provided by a hospital.

These are perhaps extrapolations from the data. If there is direct empirical evidence that lives are saved by short term hospitalization, then that would supersede other considerations.

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Lorazepam Dependence and Chronic Psychosis

DEAR SIR,

Over the past few years there have been increasingly frequent reports of both psychological and physical dependence on the benzodiazepines (Tyrer *et al*, 1981) and of transient paranoid psychotic symptoms or depression occurring during withdrawal (Ashton, 1984; Olajide & Lader, 1984). We report here a case of lorazepam (Ativan) dependence which was unusual in that it mimicked a chronic schizophrenic illness.

A single man aged 28 was admitted with a history of increasingly withdrawn bizarre behaviour over seven years. He had an uneventful childhood, performing well at school. At the age of 19, in his first year at technical college, he became socially anxious, his academic performance declined and he gave up his studies and stopped going out. His general practitioner prescribed lorazepam 1–2 mg daily, and during the next few years he took the drug in rapidly increasing amounts, reaching and continuing on 20–30 mg daily. He became increasingly withdrawn, solitary and apathetic, spending most of the five years before admission in his locked and filthy bedroom with the blinds permanently drawn, refusing to eat with his family. He often threatened his general practitioner with violence if she did not prescribe the drug, and was aggressive to his parents. In the year before admission he said that the neighbours were plotting to harm him, and often was heard talking to himself as if answering voices. He had been seen three times over the years by psyhiatrists but had always refused to come into hospital and his parents finally agreed to compulsory admission. Latterly he had been taking occasional aspirin and codeine tablets for toothache but there was no evidence of abuse of any other drugs or alcohol.

On admission he was extremely dirty and dishevelled with very long hair and finger nails. He was detached, preoccupied and slightly perplexed, avoiding all eye contact. There was no clouding of consciousness, nystagmus or dysarthria. He spoke little, but expressed the belief that the ward was bugged with television cameras. He was treated with haloperidol 9 mg daily and diazepam in an initial dosage of 40 mg daily reducing gradually over ten days. The haloperidol was discontinued after two weeks due to severe extrapyramidal side effects. The next day there was a dramatic improvement in his mental state with recovery of insight, complete disappearance of the psychotic symptoms and emergence of a personality which was warm and friendly. Six months have now elapsed and he has remained moderately anxious without a craving for lorazepam but no evidence whatever of personality deterioration. The insidious and steady deterioration in personality and social functioning over seven years, latterly with overt psychotic ideation, strongly suggested a diagnosis of chronic schizophrenia. The lorazepam dependence seemed secondary. The rapid resolution of symptoms after withdrawal of lorazepam suggested that the drug was the main cause of the 'defect state'. Although transient psychotic symptoms occurring with lorazepam withdrawal are well recognised, long-standing psychotic behaviour during the time of abuse is not. Benzodiazepine dependence should be considered in the differential diagnosis of chronic as well as acute psychotic states.

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Dupuytren's Disease and Mental Handicap

DEAR SIR,

Just over 150 years ago (1933), Baron Dupuytren's letter on 'Permanent retraction of the fingers produced by an affection of the palmar fascia", was published in the *Lancet* (1834) and the condition now bears his name. An extensive literature has since appeared concerning its aetiology, pathogenesis and treatment. Many possible causes or concomitants of Dupuytren's disease were reported, e.g. heredity, trauma,