

Secondly, Drs Bamrah & MacKay did not make it clear if they restricted their review to psychoses associated with all karyotypic types of TS or to 45 XO only. In addition to the seven cases they found in the literature, I am aware of three others: Beumont & Mayou (1971); Kolb & Heaton (1975); and Money & Mittenenthal (1970). Two of these cases were mosaics and may not have been included for that reason.

Thirdly, the literature also contains four cases of TS associated with affective disorder of psychotic proportions: psychotic depressive reaction, endogenous depression and two cases of manic-depressive illness (Fishbain & Vilasuso, 1981). Some of these cases were also mosaics.

Finally, if psychotic reactions are uncommon among TS patients, then the prevalence of TS within schizophrenic females or females in mental institutions should be lower than that in a pool of newborn girls, where the prevalence of negative sex chromatin is 0.05% (Akesson & Olanders, 1969). Two studies found *no* TS in large numbers of mental hospitals (MacLean *et al*, 1968) or chronic psychotic females (Anders *et al*, 1968). Another two studies (Akesson & Olanders, 1969; Kaplan & Cotton, 1968) found 0.03% and 0.4% prevalence of TS among mental hospital and schizophrenic women respectively. The one TS patient identified by Akesson & Olanders was an XO while all three identified by Kaplan & Cotton were mosaics. These studies indirectly support Drs Bamrah & MacKay's contention that the "absence of an X chromosome would confer some immunity from major psychiatric illness". However, it appears that immunity may not be conferred on a TS mosaic. This is the reason why the issue of mosaicism is important to this research area.

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#### Aggressiveness, anxiety and drugs

SIR: The brief article by Kirov on this topic (*Journal*, December 1989, **155**, 846) draws attention to a link between aggressive behaviour and anxiety, and derives a general principle that anxiolytic drugs may be expected to have an anti-aggressive effect. An early review of the effect of drugs on violent behaviour (Goldstein, 1974) found little encouragement for the use of anxiolytic or tranquillising drugs. I have had the opportunity to review more recent literature (Conacher, 1988) in which favourable results have been reported for some classes of drugs, that are not, however, all noted to possess a direct anxiolytic effect. A hypothesis has been advanced that the effect of these drugs is mediated through a serotonergic system (Editorial, 1987).

Paradoxical reactions to tranquillisers have long been recognised, but there is too little known about these to confidently assert that they arise out of 'an abnormal terrain' such as a previously damaged central nervous system. In institutional environments where crowded conditions prevail, benzodiazepines should probably be regarded as contra-indicated in the treatment of aggression. Clinical experience supports empirical evidence that other drugs can be more effective in selected cases.

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#### Auditory hallucinations during oculo-epileptic crises

SIR: Auditory hallucinations during oculo-epileptic crises, reported by Chiu & Rogers (*Journal*, July 1989, **155**, 110–113 and October 1989, **155**, 569–570),