the patients with neurological involvement (Pallis & Fudge, 1956; Shimizu, 1972).

The patient described here developed prominent psychiatric symptoms without neurological abnormalities in an early stage of BD when the diagnosis had not been established. Such a case has not been described in the literature.

Case report: The patient, a 44 year-old Japanese female, was admitted because of sudden onset of general malaise, emotional lability and tactile hallucination ("a thick piece of leather is stuck on my body"). On admission, her responsiveness was good. Physical examination showed no abnormal findings except for oral ulcers. Elevation of ESR and mild leucocytosis were found. She had a two-year history of recurrent oral ulcers and a recent genital ulcer, and had been suffering from family trouble for a few months. It seemed that the family trouble played a part in the psychiatric symptoms. Within a few days of admission, however, delirium with visual hallucination and stereotyped behaviour (e.g. praying, echolalia and increased psychomotor activity) developed, and she was transferred to a psychiatric ward. No neurological signs were found. CSF findings revealed slight lymphocytic pleocytosis (71/mm^3). EEG showed irregular poor alpha activity with mild diffuse slowing. A computerised tomography scan was normal. Although skin puncture test was negative, we suspected BD with CNS involvement, and treated her with prednisolone for about ten weeks (starting with 60 mg/day and decreasing gradually). The drug had a marked beneficial effect on the psychiatric symptoms, and laboratory abnormalities and CSF findings returned to normal. However, she gradually became indifferent to her surroundings and unable to learn new information. Five months after initial hospitalisation she was discharged.

Six months later, she developed skin lesions (furuncle-like pyoderma) on her back. At this time, the diagnosis of BD was confirmed according to the diagnostic criteria of BD in Japan (Behçet's Disease Research Committee of Japan, 1982). Seven months later, she showed mild hemiparesis in the right limbs.

Psychiatric episodes in an early stage of BD may be misdiagnosed and mistreated as psychiatric illnesses such as schizophrenic disorders (Shindo, 1973). When a patient with only a few physical symptoms characteristic of BD develops a mental disorder, the psychiatrist should be aware of the possibility of the disease. Careful evaluation of the patient's history and biological data may give a clue to the diagnosis.

SHIGERU CHIBA
SABURO TAKAHASHI
TSUTOMU MIYAGISHI

Asahikawa Medical College
Asahikawa, Hokkaido, 078
Japan

References

BEHÇET'S DISEASE RESEARCH COMMITTEE OF JAPAN (1982) *A Guidebook for Diagnosis and Treatment of Behçet's Disease*. Japan: Ministry of Welfare.

SHIMIZU, T. (1972) Epidemiological and clinicopathological studies on Neuro-Behçet's syndrome. *Shinkei Kenkyu no Shinpo*, **16**, 167–178.

PALLIS, C. A. & FUDGE, B. J. (1956) The neurological complications of Behçet's syndrome. *Archives of Neurology & Psychiatry*, **75**, 1–14.

SHINDO, R. (1973) Five cases of Behçet's syndrome with schizophrenia-like manifestations. *Seishin Igaku*, **15**, 59–64.

Small Correction

SIR: I read with interest the case of 49XXXYY Chromosome Anomaly (*Journal*, February 1986, **148**, 210–212). His height of 1.7 cm suggests serious competition for Tom Thumb as the world's smallest man. We have all heard of the Cardiff giant, and now this.

ERIC W. FINE

Alcohol and Mental Health Association, Inc.
1200 Walnut Street, Second Floor
Philadelphia, Pennsylvania 19107