

Correspondence

Letters for publication in the Correspondence columns should be addressed to:

The Editor, *British Journal of Psychiatry*, 17 Belgrave Square, London SW1X 8PG

INFORMATION PROCESSING MEASURES AND THE OBJECT CLASSIFICATION TEST

DEAR SIR,

In a recent article (Hemsley, 1976) I reported a lack of significant relationships between measures derived from a choice reaction time task and the number of non-A responses produced on Payne's object classification test (Payne, 1962) within a group of acute schizophrenics. It was there suggested that scores on the latter are influenced by 'responsiveness' and that this would tend to blur any such relationships. A subsequent analysis is consistent with this interpretation. Instead of employing the total of non-A responses as the score on Payne's test, the ratio of non-A to total responses was calculated; this method was used by Phillips *et al* (1965). A correlational analysis indicates significant correlations between this measure and two of those derived from the choice reaction time task, response decision time (Rd) ($r = +0.446$, $P < 0.05$), and susceptibility to distraction (D) ($r = +0.473$, $P < 0.05$). The findings are therefore consistent with the suggestion that scores on the object classification test reflect both information processing deficits, as originally put forward by Payne *et al* (1959), and 'responsiveness', the latter being reduced in chronic patients. It is of interest that although the total of non-A responses of chronic schizophrenics tend to fall within the normal range, the ratio of non-A to total responses exceeds all other psychiatric groups except acute schizophrenics (Payne, 1971).

D. R. HEMSLEY

*Institute of Psychiatry,
De Crespigny Park,
Denmark Hill, SE5 8AF*

REFERENCES

- HEMSLEY, D. R. (1976) Problems in the interpretation of cognitive abnormalities in schizophrenia. *British Journal of Psychiatry*, 129, 32-5.
- PAYNE, R. W. (1962) An object classification test as a measure of overinclusive thinking in schizophrenic patients. *British Journal of Social and Clinical Psychology*, 1, 213-21.
- (1971) Cognitive deficits in schizophrenia: over-inclusive thinking. In *Cognitive Studies, Vol II. Deficits in Cognition* (ed. Ellmuth, J.), pp 53-89. New York: Brunner & Mazel; London: Butterworth.

PAYNE, R. W., MATUSSEK, P. & GEORGE, E. I. (1959) An experimental study of schizophrenic thought disorder. *Journal of Mental Science*, 105, 627-52.

PHILLIPS, J. E., JACOBSEN, N. & TURNER, Wm. J. (1965) Conceptual thinking in schizophrenics and their relating. *British Journal of Psychiatry*, 111, 823-39.

PROPRANOLOL PSYCHOSIS

DEAR SIR,

We should like to report re-emergence of paranoid delusions and auditory hallucinations in two patients treated with propranolol for hypertension. One of these also showed features of hypomania.

Previously reported side effects of propranolol include visual hallucinations, insomnia and nightmares (1, 2) and confusion (3). In addition, schizophrenics on high doses became ataxic (4).

Case 1

An East European of 65 with no psychiatric history was admitted with accelerated hypertension (BP 265/160) and given methyl DOPA, bendrofluazide, and increasing doses of propranolol over seven days reaching 320 mg thrice daily. The blood pressure failed to respond until minoxidil (a vasodilator) was added, reducing the pressure to 130/90 by day 9. The patient was alert and well.

On the eleventh day he became confused and agitated. He was clumsy and ataxic, had difficulty understanding instructions and was disorientated. The next day he became terrified, insisted with certainty that the hospital was full of Russians about to abduct or kill him, begged his wife to fetch the police and eventually tried to run away, assaulting a doctor who delayed him. Propranolol was discontinued, but for three days he remained psychotic. He described hearing Russian voices speaking to him from the television, and once saw ten Russian soldiers in uniform walk into the ward and surround his bed. (They fled when he shouted for help.)

He was given chlorpromazine 100-200 mg thrice daily, and that day became euphoric. He spoke under pressure, became jovial and expansive, punned, and described hearing beautiful music. The next day he showed complete recovery: he could remember some of his experiences, with insight and much embarrassment. His wife explained that fear of