Case report: A fourteen-year-old boy presented to the adolescent psychiatric unit with a six-month history of increasingly poor peer and family relationships. He displayed a marked speech impediment, and communication was complicated by an apparently variable and selective deafness. Otherwise, physical examination was found to be normal. Although of average intelligence, his educational attainments were assessed as being at the eight-year level, as were his behavioural, emotional, and social abilities.

The history revealed that at the age of two years he was referred to a child psychiatrist with disturbed behaviour. His language was delayed and he appeared not to respond to noises or speech. At ENT referral, examination of the ear drums was normal but hearing tests suggested he was profoundly deaf. The diagnosis was supported by a history of otosclerosis in the immediate maternal family. He was given post-aural aids, and at follow-up there was improvement in his language and behaviour. Repeated audiometry between the ages of two and fourteen confirmed the diagnosis, although the degree of deafness was inconsistent. Doubt about the diagnosis was expressed, but dismissed when response to spoken sounds improved with more powerful hearing aids.

He attended educational establishments for the deaf until at 13 years of age he was integrated into an ordinary high school. Although he has always displayed various behavioural difficulties at home and at school, it was not until at high school that an educational psychologist noticed that the degree of deafness appeared to vary with his psychological state; at times his hearing appeared normal. Auditory evoked brain stem potentials were performed which showed normal hearing in the right ear with only a 40 dB loss in the left ear.

In the six months following the revised diagnosis his behaviour deteriorated dramatically. It has since been revealed that at eighteen months old he witnessed his father severely assault his mother, following which he hid in a cupboard for two days with his hands over his ears. The boy's mother thinks that the deafness dated from that time. Despite having been an in-patient in an adolescent psychiatric unit for five months both he and his family are still finding it difficult to adjust to the change in diagnosis.

This case illustrates the danger of mis-diagnosing psychological symptoms as being due to organic illness, and shows that when the correct diagnosis is delayed the sequelae can be severe with significant resultant morbidity. Psychological symptoms are commonly found among the deaf population; the rates appear to be 3–10 times higher than for comparable groups of children with normal hearing (Meadow, 1980). Presumably this was one reason why our patient's behaviour was accepted for so many years. The importance of considering deafness in a young child with behaviour disorders or language delay is well documented (Illingworth, 1983; Williams, 1968). We suggest that where there is any doubt as to the validity of the diagnosis of deafness, a diagnosis of hysterical conversion disorder should be considered.

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CORRIGENDA

Journal, January 1987, **150**, 43–48 (M. W. P. Carney *et al*). The following co-authors names were omitted from the title page: James Edeh, B. K. Toone and C. Thomas.

Journal, February 1987, **150**, 161–163 (J. A. O. Besson *et al*). In Fig. 1 (page 162) the labels "Schizophrenics ($n=6$) without TD" and "Schizophrenics ($n=15$) with TD" should be interchanged.

A HUNDRED YEARS AGO

French Lunatic Asylums

The supervision of French lunatic asylums appears, if recent accounts be true, to be exceedingly lax. It will be remembered that a short time ago a man was released from an asylum, having been forty years previously confined by his relatives in order to secure his wealth. The escape of another man is now reported, who, although sane, was confined for a year in an ill-lit room, bound hand and foot. Such treatment is strictly forbidden by law, and the matron and two keepers of the establishment have been fined, and the medical superintendent condemned to a fortnight's imprisonment. Such regrettable and scandalous incidents would be impossible if any control were exercised by the authorities; and although our Gallic friends may manage things in general better than we do in England, their most ardent admirers will be compelled to admit that the protection of lunatics and the supervision of asylums do not redound to their credit.

(*The Lancet*, 8 January, 1887, 109.)

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