

form of disorders of the gastrointestinal tract. So great were their numbers that special "stomach battalions" were required to accommodate them and their disabilities. Hitler thought he had eliminated neurosis by decree: he did not succeed.

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Tardive Dystonia and Pisa Syndrome

Sir: I wish to report a case of tardive dystonia presenting as Pisa syndrome and induced by depot neuroleptic.

Case report: A 37 year old male patient with paranoid schizophrenia was on a maintenance dose of fluphenazine decanoate, 25 mg intramuscular every two weeks since May, 1981. Before that he had been treated as an in-patient during 1979 and 1981 with chlorpromazine up to 600 mg per day and five modified bilateral ECT. He had no family history of psychosis or any movement disorder. In June 1984 he was noticed to be keeping his upper trunk bent towards his left side and rotated backwards. This symptom had appeared insidiously and had been progressing slowly for about two months before he was brought to hospital. On examination, his left shoulder was tilted approximately four inches lower and two inches backwards compared to the right one. The patient could maintain normal posture only for a few minutes, with effort. There was no tremor or dyskinesic movement of any part of the body. The patient did not feel distressed or disabled by the symptom and, on questioning, showed marked lack of concern about his grossly abnormal posture.

His fluphenazine injections were discontinued and he was prescribed oral trihexyphenidyl 2 mg three times a day. However, there was no significant relief over four weeks and the drug was stopped. The patient was kept on drug-free follow-up. After another two months the symptom started improving slowly and disappeared completely by March, 1985. Since then there has been no recurrence and only residual schizophrenic symptoms are present for which he is not receiving medication.

The insidious onset of dystonia in this patient suggests the diagnosis of tardive dystonia. The symptom in this case matches almost exactly with the description of Pisa Syndrome (Ekblom *et al*, 1972; Yassa, 1985). Significant points to be noted here are absence of any acute dystonia or tardive dyskinesia at any stage, complete lack of concern shown by the patient to the symptom, unresponsiveness to anticholinergic therapy, and delayed but complete spontaneous recovery on discontinuation of fluphenazine.

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References

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YASSA, R. (1985) The Pisa syndrome: a report of two cases. *British Journal of Psychiatry*, **146**, 93-95.

Procyclidine Abuse

Sir: We wish to report five cases of procyclidine abuse.

Case reports: (i) A 39 year old man with a personality disorder (JB) insisted he needed chlorpromazine and procyclidine. When all his medication was stopped, his wife, a 26 year old schizophrenic adequately maintained on a depot neuroleptic, began requesting increasing amounts of procyclidine for persistent Parkinsonian side-effects. She later admitted that JB was using all her supply of the drug.

(ii) A 39 year old woman with schizophrenia regularly persuaded medical staff to prescribe procyclidine by telling tall stories such as: "the wind has blown away my prescription" and "the dog has eaten my tablets".

(iii) A 22 year old man with a personality disorder and a long history of polydrug abuse frequently presented to the casualty department at weekends feigning rigidity and oculogyric crises in order to obtain procyclidine.

(iv) A 58 year old man with schizophrenia refused procyclidine during his last hospital admission preferring instead to tolerate severe Parkinsonian side-effects. He said he was afraid of becoming addicted to procyclidine again.

(v) a 39 year old woman with schizophrenia refused to consider any reduction in her procyclidine dose even though she had no obvious side-effects from phenothiazine medication.

These cases illustrate abuse of procyclidine and the lengths to which patients may go in order to obtain it. The euphorial side-effects documented in the *British National Formulary* were cited by the patients as the main reason for their misuse of the drug. Dependence and abuse of procyclidine are not reported in the latest edition of the BNF.

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Transcultural Psychiatry

Sir: Further to my anxieties about the use of psychiatry to confirm Western folklore concerning the *zombie* (*Journal*, March 1986, **148**, 340-341): it now appears that the Harvard research project on tetradotoxin in Haiti was funded by the Broadway producer, David Merrick, and that the whole study is currently being turned into a feature film starring the