for a short period without producing further appetite and weight gain.

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References

GARROW, J. S. & WEBSTER, J. (1985). Quetelet's Index (W/H²) as a measure of fatness. *International Journey of Obesity* **9**, 147–153.

HARRIS, B., YOUNG, J. P. R. & HUGHES, W. (1984) Appetite and weight change in patients presenting with depressive illness. *Journal of Affective Disorders* **6**, 331–339.

———, ———, & ———, (1984). Changes occurring in appetite and weight during short term antidepressant treatment. *British Journal of Psychiatry* **145**, 645–648.

POLIVY, J. & HERMAN, C. P. Clinical depression and weight change: A complex relation. *Journal of Abnormal Psychology* **85**, 338–340.

QUETELET, L. A. J. (1869). *Physique Sociale* 92. Brussels: C. Muquardt.

Smoking in Chronic Schizophrenia

Sir: While studying obesity in our patients (Gopalaswamy & Morgan, 1985) we asked them about their smoking habits and 100 men and 70 women replied: 123 of them had chronic schizophrenia, most were in their 50's and 60's with many years of illness behind them, 82% had never been married, and the majority were working class.

Smoking was more prevalent among the men ($P < 0.05$) and among the schizophrenic patients $P < 0.001$): 87% of the men and 74% of the women schizophrenic patients smoked, compared with 60% and 58% respectively among the non-schizophrenic patients. These differences within the patient sample were trivial compared with the significant differences among the patients (83% of all men and 67% of all women smoked) and among the general population, of whom 36% of men and 32% women are known to smoke.

The proportion of smokers in the general population falls year by year in response to anti-smoking propaganda which most patients choose not to heed. This is very understandable. There may be few pleasures left in life for a person with chronic schizophrenia and smoking may be one of them. Indeed, for the schizophrenic it may be even more pleasurable than for a healthy person. Nicotine in large doses depresses a person's level of arousal. Schizophrenics suffer from heightened arousal and for them a packet of cigarettes represents a way of suppressing the discomfort of hyper-arousal which they may find more acceptable and effective than the major tranquillisers which we prescribe for them.

Our findings match quite closely those of Masterson & O'Shea (1984) who reported smoking by 92% of their male and 82% of their female schizophrenics. Rice (1979) questioned how heavily his schizophrenic patients smoked and whether they ever developed lung cancer. The proportion of patients with schizophrenia who die of lung cancer is surprisingly no higher, and may even be slightly lower, than in the general population—when it seems that it ought to be double or treble (O'Shea, 1984 Craig & Lin, 1981). This suggests either that people with schizophrenia enjoy partial protection against developing lung cancer or that cigarette smoking is not such an important aetiological factor as is thought. Either way the subject requires fuller investigation.

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References

CRAIG, T. J. & LIN, S. P. (1981) Cancer and mental illness. *Comprehensive Psychiatry*, **22**, 404–410.

GOPALAWWAMY, A. K. & MORGAN, R. (1985). Too many chronic mentally disabled patients are too fat. *Acta Psychiatrica Scandinavica*, **72**, 254–258.

MASTERSON, E. & O'SHEA, B. (1984). Smoking and malignancy in schizophrenia. *British Journal of Psychiatry*, **145**, 429–432.

RICE, D. (1979). No lung cancer in schizophrenics? *British Journal of Psychiatry*, **134**, 128.

Psychotherapy in the Third Reich

Sir: Henry Rollin (*Journal*, March 1986, **148**, 345–346) reminds us that the ghost of Hitler still stalks the world. I am reminded of an anecdote told by the late Willie Mayer-Gross, himself a victim of Nazi oppression, about the high esteem in which Hitler was held by some psychiatrists. A German research fellow working at the Maudsley came to see Mapother after the Reichstag fire and the plebiscite in 1982. He wanted to discontinue his fellowship and return to the Fatherland. "If 92% of the German people have voted for Hitler, he must be a great man". Mapother replied: "I am of Irish stock, if 92% of the Irish would vote for one man I would be certain that he is worthless".

Mayer-Gross' own researches into the fate of neurotics under the Third Reich confirmed the pathoplastic influence of culture on the manifestations of neuroses. Comparatively few German servicemen were shot for "lack of moral fibre"; neurotic anxiety and depression were somatised, generally taking the

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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 bilaterial 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 dyskinetic 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 (Ekbom *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 anticholingergic therapy, and delayed but complete spontaneous recovery on discontinuation of fluphenazine.

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References

EKBOM, K., LINDHOLM, H. & LJUNBERG, L. (1972) New dystonic syndrome associated with butyrophenone therapy. *Neurology*, **202**, 94–103.

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 schizoprenia 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 presesented to the casualty department at weekends feigning rigidity and occulogyric 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 Formulatory* 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 tetrodotoxin 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

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