

Neuroleptic malignant syndrome

SIR: Despite the misgivings of Adityanjee *et al* (*Journal*, July 1988, **153**, 107–111), there are several reasons for continuing to consider neuroleptic malignant syndrome (NMS) to be part of the spectrum of neuroleptic toxic reactions (Conlon, 1986). As evidenced by their case histories, there is a variable constellation of clinical features that constitute not only NMS, but also toxicity reactions in general. I suspect many clinicians have seen various permutations of altered consciousness, muscular rigidity, hyperpyrexia, and autonomic dysfunction associated with neuroleptic use. To this extent a spectrum concept does not necessarily equate with a continuum concept. The fact that toxic reactions to neuroleptics respond differently to treatments such as anticholinergics and DA-2 receptor agonists in no way militates against a spectrum concept, but rather enhances it. A careful description of cases is essential without assuming aetiology, as this symptom complex is not restricted to neuroleptic use (Kellam, 1987). In addition, rather than “make clinicians careless”, recognising a spectrum of toxicity reactions heightens awareness of the serious and even lethal consequences sometimes associated with neuroleptic use.

While I concur with many of Dr Adityanjee *et al* comments, until a distinct pathophysiology can be

established, my conclusion differs from theirs. Thus, not to consider NMS as a part of a spectrum of neuroleptic toxic reactions is “an artefact of arbitrary definition”.

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References

- CONLON, P. (1986) The spectrum concept of neuroleptic toxicity. *American Journal of Psychiatry*, **143**, 811.
KELLAM, A. M. P. (1987) The neuroleptic malignant syndrome, so-called. *British Journal of Psychiatry*, **150**, 752–759.

CORRIGENDUM

Journal, July 1988, **153**, 72–75. The order of the authors should be as follows: R. Alloway, E. Shur, R. Obrecht and G. F. M. Russell. The following acknowledgement should be added: “The authors would like to thank all those who assisted with this study: the Maudsley Hospital EEG Department for performing the EMGs; Drs E. Spargo and R. Guha for the muscle biopsy report, and the staff of the Pathology Departments of the Maudsley and King’s College Hospitals for analysing the haematological tests.”

A HUNDRED YEARS AGO

The Neuropathic Diathesis, or the Diathesis of the Degenerate. By G. T. Revington, MA, MD, County Asylum, Prestwich, Lancashire. (Continued from Vol. xxxiii, p. 508).

Section 5. Law of Latency – A diathesis may be transmitted through a generation without giving outward and visible sign of its existence, and may appear in full vigour in the next; or a strong neurosis may manifest itself in the intermediate generation by a temperament (group 1); and in the third break out as one of

the forms comprised in third or fourth groups. The neurotic diathesis is a creeping parasite, which though a mere line on the parent trunk, yet follows each branch to its uttermost offshoots, and here and there kills a delicate twig, or envelops a whole branch, and destroys it; but sometimes, under favourable circumstances, is itself eradicated by the vigorous growth of the stock.

Reference

- Journal of Mental Science*, April 1988, **34**, 33.

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