than it appears. In the group of 27 patients receiving antiparkinsonian medication only one patient developed 'akathasia' compared with four in the untreated group, two 'oral dyskinesia' compared with five, and five 'lost arm swing' compared with eight respectively.

For most of us the possible long-term extrapyramidal side effects of neuroleptic drugs are more important than short term effects, and despite this study's excellent design and the care with which it was carried out a four-week period cannot be expected to shed much light on the long-term issues. Lastly, the side effects which the authors mention apply mainly to older drugs, e.g. benzhexol, and while one agrees that any unnecessary prescribing of antiparkinsonian drugs is wasteful of both time and money, it is important that there should be no unjustified throwing out of the baby with the bathwater.

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CHOREIFORM MOVEMENTS AFTER DEPOT INJECTIONS OF FLUPENTHIXOL

DEAR SIR,

I have two patients who have been treated with depot injections of flupenthixol and have developed choreiform movements. One, a man of 40 who has had schizophrenia for eight years, has been on 40 mg. flupenthixol intramuscularly every three weeks since August 1972. In June 1973 he changed his address without letting his community nurse know. In the autumn he was seen, quite by chance, in a dentist's waiting room by a member of our staff and was noticed to have obvious generalized chorea. This has since slowly and completely disappeared without any treatment. The other, a man of 28, has suffered from schizophrenia for seven years and has been treated with a large number of neuroleptic drugs. In November 1972 he was changed from intramuscular fluphenazine to flupenthixol, 40 mg. every two weeks. In August 1973 he developed extremely severe generalized chorea which affected his limbs more than his body and was not associated with oral dyskinesia. Later he developed athetoid as well as choreiform movements. His condition failed to respond to tetrabenamine, thiopropazate or thioridazine. It was only when he was started on lithium that some amelioration of his condition occurred.

In the two cases investigation excluded thyrotoxicosis and polycythemia; skull X-ray and brain scan were normal, chest X-ray was clear and there was no family history of Huntington's chorea.

If one accepts the view that the tardive dyskinesia which patients show on neuroleptic drugs is due to upsetting of the balance of the dopaminergic-cholinergic transmitter system in the central nervous system, then it was only a matter of time before such an effect was likely to be seen with flupenthixol.

Attention is drawn to the irreversibility of the situation in one of the patients and to the fact that the patients are young, unlike those described previously who seem mostly to have been elderly females.

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WHAT SHALL WE DO WITH THE THE DRUNKENNESS OFFENDER?

DEAR SIR,

In their paper *Journal* (124, 327), H. I. Hershon *et al.* use the word 'decriminalize'. How soon will it be before we 'deschizophrenicize', 'dedepressivize', 'defrigidize' (or ? 'defrost') our 'clients'?

ALBERT WEST.

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AGRANULOCYTOSIS AFTER TREATMENT WITH CLOMIPRAMINE INFUSION

DEAR SIR,

I write to report the occurrence of agranulocytosis in a woman of 37 who had been treated with clomipramine infusion for a moderately severe depressive illness. A complete agranulocytopenia occurred some three weeks after the infusion. In the intervening time she had received increasing doses of the drug starting at 50 mg. and with a maximum of 250 mg. each day. Sternal bone marrow examination showed neither white cell precursors nor red cell precursors. During the next three weeks she came very near to death, as much from a severe infection of *Candida albicans* following massive antibiotic therapy as anything else, but she survived, with a complete return of function of her bone marrow.

The manufacturers of clomipramine inform me that only one other case of agranulocytosis has been reported with this drug since it came into use in 1965. Because its chemical structure is so similar to chlorpromazine, which has a directly toxic effect on bone

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marrow, it is suggested that the use of the drug in large doses intravenously may carry a greater risk of bone marrow toxicity than its use by mouth.

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BRITISH ACADEMY OF PSYCHOPHARMACOLOGY

DEAR SIR,

Further to the letter from the Steering Committee (*Journal*, May 1974, **124**, 508), I write to say that the inaugural meeting was held on 22 April last and the Academy formally constituted.

As a result of the Steering Committee's letter, we received 129 letters supporting the formation of the Academy, and one letter against its formation. The inaugural meeting was attended by 45 interested persons. Letters of congratulation and support were received from the Presidents of the following Colleges of Neuropsychopharmacology: International (C.I.N.P.), American (A.C.N.P.), German (A.G.N.P.) and Turkish (T.C.N.P.).

Professor Max Hamilton was elected first President of the Academy, and Dr. Alec Coppen, President Elect. Other officers and a council of ten members were also elected. It was decided that one of the main objects of the Academy would be to provide a means of integrating the many disciplines involved in psychopharmacological research, although there would be some emphasis on clinical psychopharmacology. To this end, applications for membership will be considered from interested persons, and any of your readers who make like further details are invited to write to the undersigned.

DAVID WHEATLEY,
Honorary Secretary.

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