

hypotonia. She was hypertensive (220/120 mmHg) and tachycardic, but apyrexial.

Routine haematological and biochemical screening was negative. She was treated with 5 mg intravenous procyclidine but the chorea returned after a few minutes. She was given two further doses of 5 mg intravenous procyclidine. Symptoms completely resolved after 30 minutes. She was admitted to the medical ward and made an uneventful recovery.

The Committee on Safety of Medicines in the UK has received 246 reports of suspected extrapyramidal reactions in association with the use of paroxetine but only three of these reports were of chorea (Committee on Safety of Medicines, 1996, personal communication). Extrapyramidal reactions with selective serotonin reuptake inhibitors have been reviewed (Ayra, 1994) but have not commonly been reported with paroxetine. Since 1995 the manufacturer has received 12 reports worldwide of chorea (SmithKline Beecham, 1996, personal communication) and there are no reports after a single dose of paroxetine. We believe this is the first case reported of chorea following one dose of paroxetine.

**Ayra, D. K. (1994)** Extrapyramidal symptoms with selective serotonin reuptake inhibitors. *British Journal of Psychiatry*, **165**, 728–733.

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### Coexistence of eosinophilia and agranulocytosis in a clozapine-treated patient

**Sir:** The following case report stresses the possible significance of eosinophilia in the induction of clozapine-induced agranulocytosis.

A 37-year-old man was hospitalised because of an exacerbation of refractory schizophrenia. Clozapine therapy was initiated. During the second week of treatment the peripheral blood eosinophil level reached up to 700 cells/mm<sup>3</sup>. The eosinophilia persisted for seven weeks with no significant change. There were no accompanying allergic symptoms during this period. Eight weeks after the commencement of clozapine the patient was readmitted with high fever and chills. During a careful physical examination a small perianal abscess was detected. Severe agranulocytosis was recorded, which necessitated clozapine discontinuation and the administration of wide-spectrum antibiotics with concurrent granulocyte-colony stimulating factor therapy. A relative abundance of eosinophils was recorded during the patient's neutropenic crisis. Three weeks later the patient's granulocyte count returned to a normal level and he was discharged.

Eosinophilia appears in 0.2–1.0% of patients treated with clozapine. Eosinophilia usually occurs early in therapy, and women seem to be at a higher risk (Banov *et al*, 1993). The observation of concomitant

eosinophilia and paralleling neutropenia has been described in immune deficiencies, bacterial and viral infections, drug reactions and cyclic neutropenia (Tebbi *et al*, 1980). It has been suggested that the addition of anti-eosinophilic serum promotes colony formation in bone marrow cultures (Tebbi *et al*, 1980). Kurland *et al* (1978) proposed that the inhibitory effect of eosinophils is mediated by the secretion of prostaglandin E in the bone marrow. This effect was shown to be abrogated by pre-incubation of eosinophils with indomethacin (Tebbi *et al*, 1980). This occurrence may reflect a controlled regulatory negative feedback between granulocyte-colony stimulating factor and prostaglandin E influences.

In conclusion, we believe that the emergence of agranulocytosis is not coincidental following eosinophilia appearance during clozapine therapy. More attention should be addressed to eosinophilia in clozapine-treated patients.

**Banov, M. D., Tohen, M. & Friedberg, J. (1993)** High risk of eosinophilia in women treated with clozapine. *Journal of Clinical Psychiatry*, **54**, 466–469.

**Kurland, J. I., Bockman, R. S., Broxmeyer, H. E., et al (1978)** Limitation of excessive myelopoiesis by the intrinsic modulation of macrophage derived prostaglandin E. *Science*, **199**, 552–556.

**Tebbi, C. K., Mahmoud, A. A., Polmar, S., et al (1980)** The role of eosinophils in granulopoiesis. I: Eosinophilia in neutropenic patients. *Journal of Pediatrics*, **96**, 575–581.

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## One hundred years ago

### The Asylum Workers' Association

The Asylum Workers' Association, of which the late Sir Benjamin Ward Richardson was the first president, has among its objects the improvement of the status of asylum nurses and attendants and the provision of a "home of rest and nursing" for those engaged in asylum work. If carried out under proper medical supervision the education of asylum atten-

dants in the special form of nursing required in asylums is an object worthy of support, and we welcome the first number of the *Asylum News* (the official organ of the association), which has been published with the intention of furthering the objects of the association. At the annual meeting of the association, which was held on Monday last, it was stated that the association now numbered upwards of

2000 members. The receipts for the year amounted to £107 2s. 6d. and the expenditure to £12 5s. 6d., leaving a balance in hand of £94 17s.

### REFERENCE

*Lancet*, 13 February, 1897, 472.

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