Asneezia

SIR: We find Shukla's (*Journal*, May 1989, **154**, 689–690) efforts to establish asneezia as a hitherto unrecognised psychiatric symptom very difficult to accept. His earlier paper on asneezia (Shukla, 1985) had stimulated us to undertake a study at the Central Institute of Psychiatry, which has a catchment area of most of the eastern states of India. We examined 1985 consecutive new patients attending the Kraepelin Unit out-patient department. None of them spontaneously complained of asneezia. Thirteen patients reported absence of coryza or infrequent coryza. The psychiatric diagnoses of these patients were too heterogenous to be meaningful. We therefore extended our study to a GP clinic and studied 523 consecutive patients; 3.5% complained of absence of coryza and/or asneezia, either spontaneously or on specific questioning. Most of them believed that coryza or sneezing might relieve their maladies. Almost half suffered from chronic and recurrent headaches of various aetiologies; the diagnoses of the remainder varied considerably.

We do not doubt the genuineness of asneezia as a symptom, as it may occur in different population samples, but we object to a psychiatric connotation being attached to this symptom. We agree that some cultures may carry overvalued ideas regarding this symptom, but that may be true for any medical symptom.

Moreover, asneezia should be studied in a normal population first. For meaningful research to be performed, it must be operationally defined as the absence of sneezing after exposure to the most noxious inhalant allergen.

SAYEED AKHTAR
S. H. VERMA

Central Institute of Psychiatry
Ranchi-834006
Bihar, India

Reference

Shukla, G. D. (1985) 'Asneezia' – a hitherto unrecognised psychiatric symptom. *British Journal of Psychiatry*, **147**, 564–565.

Akathisia

SIR: The mianserin-induced restless legs in three women with major depression described by Paik *et al* (*Journal*, September 1989, **155**, 415–417) may have been due to noradrenergic-mediated inhibition of dopamine (Lipinski *et al*, 1989) lateralised to the right hemisphere (Backon & Kullock, 1989). In an analogous situation, fluoxetine-induced akathisia in four women with obsessive-compulsive disorder may have been due to serotonergic-mediated inhibition of dopamine (Lipinski *et al*, 1989). Future research needs to consider inter-relationships among diagnosis, gender, medication, and the clinical course. Metabolic rate measured by positron emission tomography may be helpful, since it is lower in the left hemisphere in major depression (Baxter *et al*, 1989), which may influence the expression of adverse effects.

ERNEST H. FRIEDMAN

1831 Forest Hills Boulevard
East Cleveland
Ohio OH 44112–4313
USA

References

BACKON, J. & KULLOCK, S. (1989) Effects of forced unilateral nostril breathing on blink rates: relevance to hemispheric lateralization of dopamine. *International Journal of Neuroscience*, **46**, 53–59.

BAXTER, L. R., SCHWARTZ, J. M., PHELPS, M. E., *et al* (1989) Reduction of prefrontal cortex glucose metabolism common to three types of depression. *Archives of General Psychiatry*, **46**, 243–250.

LIPINSKI, J. F., MALLYA, G., ZIMMERMAN, P., *et al* (1989) Fluoxetine-induced akathisia: clinical and theoretical implications. *Journal of Clinical Psychiatry*, **50**, 339–342.

Psychosis in a transsexual

SIR: Mallet *et al* (*Journal*, August 1989, **155**, 257–259) describe a case of psychosis occurring in a male-to-female transsexual who had abruptly stopped taking oestrogens. This association is not recorded in the literature. A patient of mine, however, had a similar history.

Case report. The patient, now aged 31 years, is an articulate male-to-female transsexual. He has been cross-dressing from the age of 15, and has lived as a woman for the past 3–4 years. He had had oestrogens intermittently for some 10 years, and then continuously for 3 years until he reduced them substantially in January 1987.

He came to our notice for having, in May of that year, set fire to a house believing it to be full of evil spirits. A history was obtained of his developing a paranoid psychosis dating from that January, characterised by delusions of persecution, and a belief that the TV was talking to him and that his thoughts were being interfered with and controlled. He felt that he was involved in a spiritual struggle, and that his friend Roger was actually Roger's *doppelgänger*.

He was remanded in custody and, in the prison hospital, accepted antipsychotic medication, with a rapid improvement in his condition and loss of all psychotic symptoms.

His grandmother had died in early January, and in March his brother had been injured in the Zeebrugge ferry disaster. He was also under stress having been estranged from his family. However, the patient was convinced at the time that the reduction in oestrogens was the principal factor. He had come to this conclusion because at the age of 26