It appears that nearly half (23/50) the patients in the study were on concomitant anticholinergic medication. Quite a few items of LUNSERS which are meant to measure neuroleptic side-effects are a result of their anticholinergic properties (i.e. dry mouth, constipation, difficulty in passing water, blurred vision, restlessness, etc.). Hence, it must be very difficult to deliberate how much of these could be attributed to neuroleptics alone and how much to the additional anticholinergic medication. Perhaps a differential analysis of the scale for those who were and those who were not on anticholinergics would help increase the validity of the scale as a reliable self-measure of neuroleptic side-effects.

DAY, J. C., WOOD, G., DEWEY, M., *et al* (1995) A self-rating scale for measuring neuroleptic side effects. *British Journal of Psychiatry*, **166**, 650–653.

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Dystonia and neuroleptic medication

SIR: Psychiatrists should know more about the possible, but rare, dystonic side-effects of neuroleptic medication, with which I have had an unpleasant experience, to say the least.

Twelve years ago I suffered a severe breakdown, diagnosed as schizophrenic, and was hospitalised for 4 months. I made a good recovery but I have been on a small dose of Depixol almost constantly since then, despite numerous attempts to wean myself off it.

Nine years ago, I started developing problems with my voice. It began as an intermittent and fairly mild affliction, but degenerated over the next three years to a serious condition which affected every area of my life profoundly including my career. At times when it became so bad that I could hardly speak, I became a semi-recluse. Over the years I was seeing several different psychiatrists. They described the voice as an anxiety-related speech disorder. I saw two speech therapists who said it was a psychological problem. An ENT consultant could detect no physical problem. One of the speech therapists referred me to a psychologist, who told me that I would probably never be free of the problem.

Eventually, under pressure from my mother, I got myself referred to a third speech therapist, early last year. She suspected from the beginning a condition called spasmodic dysphonia, or laryngeal dystonia. The question of whether this could be caused by Depixol arose, on my instigation, but research by her produced no positive answer. My current psychiatrist, who was consulted, declared that he doubted that there was a connection.

On 24 January of this year I went to the National Hospital of Neurology and my voice problem was diagnosed as laryngeal dystonia. The neurologist confirmed that it must have been caused by my neuroleptic medication. I was injected in the laryngeal area with Botulinum toxin, and within 48 hours I was speaking with an ease and lack of embarrassment that I had not known for years. My self-esteem has soared and I was quickly able to reduce my medication due to lack of stress when speaking.

My psychiatrist for the last three years has since admitted that he has come across one identical and one similar case in his career, so I don't understand why he had doubted the Depixol link, or why, indeed, he had not twigged long ago. But my experience is that there is general ignorance in psychiatric circles about the various manifestations of dystonia, which, as you will know, is a well-known side-effect of neuroleptic medication.

So please do something about this ignorance in psychiatric circles. I would not wish anyone else to go through unnecessarily what I have suffered, especially as people on neuroleptic medication are by definition a mentally fragile group.

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Charles Bonnet syndrome

SIR: I read with interest the findings of Teunisse *et al* (1995) and wish to report a case of Charles Bonnet syndrome (CBS) in an elderly woman with no visual impairment.

LL, a 83-year-old woman, was well until two and a half years ago when she started having isolated visual hallucinations. She experienced these hallucinations at night just before falling asleep. On several occasions she called her neighbours and police having seen strange things around her, for instance a small white robot standing in her room, which turned to look at her and then suddenly disappeared; a large tree which stood in her doorway; a giant spider and ducks that flew in to her room through a closed window. She had full insight and described these as imaginary experiences which seemed very real. She denied history suggestive of hallucination in any other sensory modality, other disorder of thought or perception or cognitive dysfunction. She had normal eye sight and used glasses only for reading purposes. On examination