was suspected of causing reversible neutropenia during a cold (Meylan *et al*, 1995). The same patient did not develop neutropenia at re-challenge two years later (Bondolfi *et al*, 1996). In another case, agranulocytosis was reported after risperidone was combined with clozapine (Godleski & Sernyak, 1996). We report a case of risperidone-induced leucopenia and neutropenia in a patient who had previously developed blood dyscrasia on clozapine.

A 63-year-old White male patient with a 45-year history of chronic paranoid schizophrenia was unsuccessfully treated with almost every antipsychotic that came on the market. Clozapine treatment was stopped because of leucopenia (white blood count (WBC) 2.5×10^9/l, neutrophil count 1.2×10^9/l). During the next 10 months the patient did not receive antipsychotics and the psychotic symptoms gradually worsened. One week after risperidone 2 mg b.i.d was added to 100 mg methotrimeprazine the WBC fell from 4.5 to 3.2×10^9/l and the neutrophil count from 3.7 to 2.3×10^9/l. During the next six months the WBC and neutrophil counts were slowly but steadily diminishing and both drugs were stopped at a WBC of 2.7×10^9/l and neutrophil count of 1.4×10^9/l. Two days later WBC rose to 3.2×10^9/l and neutrophil count to 1.9×10^9/l, and six days later these values were 4.1 and 2.4×10^9/l, respectively. Bone marrow puncture, done one week after stopping risperidone, had excluded other haematological disease.

Four weeks later the patient was re-challenged with risperidone 2 mg b.i.d. at a WBC of 3.7×10^9/l and neutrophil count of 1.9×10^9/l. He was also receiving lorazepam 1 mg t.i.d. and biperiden 2 mg t.i.d. After seven weeks the WBC and neutrophil counts fell to 2.9 and 1.4×10^9/l, respectively, and risperidone was discontinued. During the next six weeks these values slowly rose to 3.9 and 2.1×10^9/l, respectively. There were no signs of infection and erythrocyte and platelet counts were normal, both at initial treatment and at re-challenge.

Mahmood *et al* (1996) recommend risperidone in patients who developed neutropenia or thrombocytopenia during treatment with classical antipsychotics. There are no published reports on risperidone treatment in patients who have developed leucopenia on clozapine. Our report indicates that some of these patients may require haematological monitoring during risperidone treatment.

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Anxiety and depression in asylum-seekers

Sir: In response to the paper by Silove *et al* (1997) we would like to make a few additional remarks from our experiences with traumatised refugees and asylum-seekers. At 'de Vonk' we treat patients with trauma-related symptoms.

Silove *et al* conclude that procedures for dealing with asylum-seekers may contribute to high levels of stress and psychiatric morbidity, as measured with instruments like the Hopkins Symptom Checklist (HSCL) and the Harvard Trauma Questionnaire (HTQ). They suggest that current procedures are re-traumatising. Although we probably have the most severe cases, our data (n=172) do not support this: when subjects are referred for treatment, no significant differences are found between refugees and asylum-seekers on the HSCL or HTQ (Rodenburg, 1996). Social circumstances may have their impact on symptomatology in asylum-seekers, but the same may apply to refugees, although these circumstances may be different. It is easy to understand that in refugees, who do not have to live in uncertainty any more, reflections on the past in difficult social circumstances may lead to heightened levels of anxiety, depression, and post-traumatic stress disorder. This view is supported by the fact that subjects with a temporary status have the lowest scores on anxiety and depression. This lower score may reflect 'hope', contrary to asylum-seekers living in uncertainty and to refugees with no prospects.

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One hundred years ago

The Moscow meeting

The Moscow meeting appears to have been satisfactory both in the numbers attending and in the number of papers read. The section "des maladies nerveuses et mentales" received a very strong contingent of our own speciality.

A wave of heat, however, appears to have made attendance in crowded rooms, with the thermometer over 80 degrees, almost unbearable, with the result that the discussions were abbreviated, and the interesting excursions provided were fully attended and appreciated.

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