*Gedankenlautwerden* will be experienced as painful and dangerous by the patient. *Selbstgespräch*, again in agreement with Dr Szasz, does describe a person who is talking to himself aloud. The author does not directly attribute the same meaning to *Gedankenlautwerden* as to *Selbstgespräch*, but in the way he introduces the two terms, one might (mis)understand the terms to be equivalent, which of course is not the case in German at all. As a matter of fact, we often may observe schizophrenic persons talking aloud to themselves, sometimes for hours. Describing this behaviour, we would use the word *Selbstgespräch*, even if we got the impression that the patient actually is answering arguments he experiences as coming from others. In his *Lehrbuch der Psychiatrie* Eugen Bleuler does not use the word *Sprachfehler*. He writes about speech in the context of accessory (not cardinal) characteristics of schizophrenia as follows:

> 'In speech, most schizophrenics don't show anything conspicuous. In our in-patients, however, disorders of this function are no rarity ... if the diseased do speak, the modulation of their voice may be non-normal, to loud, to low, to rapid, to slow, in falsetto, grumbling, grunting, staccato, precipitatedly, and so on. It happens, too, that some diseased don't open the mouth at all, whereby intelligibility will be reduced to zero, of course'.

May this letter contribute to lessen the treason of translation.

Bleuler, E. (1923) *Lehrbuch der Psychiatrie*, 4. Auflage, Springer, Berlin.

F.E. Wyss

*Schneckenmannstr. 27*
*8044 Zürich*

Sir: Szasz believes that some symptoms of schizophrenia are 'Anglo-American inventions', mentioning as an example the English textbook of which Roth is a co-author. He blames this textbook's misinformation on a faulty translation of E. Bleuler's monograph on schizophrenia. He does not mention that the co-author, Mayer-Gross, of the same book, is a German psychiatrist who did not depend on a translation.

Instead of tracing some expressions like *Gedankenlautwerden*, which is of course a terminus technicus, to their sources and definition, he fiddles with some words or their literal meanings in dictionaries, and comes to the conclusion that *Gedankenlautwerden* and auditory hallucinations are the same. He also seems to think that schizophrenic speech disorder is something like stammering or a foreign accent, i.e. just an incoordination of muscles involved in speech.

Although Bleuler's term 'schizophrenia' has superseded the original 'dementia praecox', Bleuler's views on the illness were never generally accepted. However he describes at length what his patients told him about their symptoms, like hearing voices or hearing their thoughts, but are we to assume that Bleuler never realised that what they were telling him about their voices were similar to his own experiences. Had he not read Kant? Incredible! Plato? He obviously had forgotten! Otherwise he would have remembered that what patients described as their symptoms (like hallucinations) were just what he himself was having everytime he was thinking.

J. Hoenig

*Clarke Institute*
*250 College Street*
*Toronto, Ontario M5T 1R8*

## Clozapine-induced hypersalivation and the alpha-2 adrenoceptor

Sir: In a letter to the *BJP*, Corrigan *et al* (1995) put forward the hypothesis that the troublesome side-effect of increased salivation seen in patients taking clozapine was due to the blockade of alpha-2 adrenoceptors by the drug. This proposal has some face validity since clozapine has considerable affinity for alpha-2 adrenoceptors (Richelson & Nelson, 1984), and alpha-2 adrenoceptor antagonists such as yohimbine increase salivation in humans.

Corrigan *et al* (1995) supported their hypothesis by referring to their observation, made in a single patient, that the alpha-2 adrenoceptor agonist lofexidine was effective in relieving clozapine-induced hypersalivation. This observation, together with an earlier report of the effectiveness of clonidine (Grabowski, 1992), another alpha-2 adrenoceptor agonist, would be consistent with an interaction between clozapine and the alpha-2 adrenoceptor agonists at alpha-2 adrenoceptors. However, since alpha-2 adrenoceptor agonists by themselves can reduce salivary output, the possibility cannot be excluded that the interaction between clozapine and the alpha-2 adrenoceptor agonists is at a physiological rather than at a pharmacological level. Indeed, it has been shown that muscarinic receptor antagonists, which reduce salivation by interacting with a different receptor system, are also effective in alleviating clozapine-induced hypersalivation (Fritze & Ellinger, 1995).

https://doi.org/10.1192/bjp.169.3.380a Published online by Cambridge University Press