British Journal of Psychiatry (1996), **169**, 379–385

Correspondence

Contents: Creativity/'Audible thoughts' and 'speech defects' in schizophrenia/Clozapine-induced hypersalivation and the alpha-2 adrenoceptor/Influences on cost-effectiveness/Cytochromes and psychotropic drug interactions/Consent to treatment/Obstetric complications and schizophrenia/Excess mortality of mental illness/More cases of paroxetine withdrawal syndrome/Yohimbine and sinusitis.

Creativity

SIR: Post (1996) has contributed distinctively to the debate over possible association of verbal creativity with psychological morbidity. However, it is too simplistic to classify and subdivide writers according to the literary vehicle (poetry, prose or play) which they have chosen as their predominant mode and then associate a (theoretical) psychological timbre to this choice (as with Post's notion of 'greater inner turmoil and neural hyperactivity' (p. 554) in prose writers and playwrights than in poets).

For example, Thomas Hardy (whom Post accurately classifies as a 'poet, also prose writer' (p. 546)) considered himself to be, first and foremost, a poet. It was his difficulty in establishing himself in this medium (and making a decent living) that led him to publish prose, but he continued to regard poetry as his literary touchstone. One then must ask, did he write his novels as a poet (i.e. using less inner turmoil and neural hyperactivity) or would the extent of his neural functioning shift according to his choice of literary mode? Does this imply that he is a less worthy prosewriter than others? Will insightful literary criticism henceforth require an understanding of cerebral neurophysiology?

POST, F. (1996) Verbal creativity, depression and alcoholism. An investigation of one hundred American and British writers. *British Journal of Psychiatry*, **168**, 545–555.

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SIR: In the discussion of his very interesting finding that affective disorders and alcoholism are less frequent in the poets in his study, in comparison with novelists and playwrights, Post (1996) attributes this solely to the nature and intensity of their emotional imagination, and misses the opportunity to mention possible cultural factors. As it is usually much harder to earn a living from poetry than from novels or plays, poets are more likely in the modern world to hold down regular jobs. As most offices, seminar rooms and lecture theatres are not furnished with a bar, heavy drinking, the favoured form of self-medication of many writers, becomes difficult, at least from 9 to 5. They also have the chance to meet other people and escape the enforced solitude of writing. On the other hand, the loneliness of the long-distance writer squats heavily on the hunched shoulders of novelists and playwrights, whose work often demands seclusion and sustained effort over months or years. Poets can complete a poem over a few evenings, as Philip Larkin did after his day job at the Hull University Library.

POST, F. (1996) Verbal creativity, depression and alcoholism. An investigation of one hundred American and British writers. *British Journal of Psychiatry*, **168**, 545–555.

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'Audible thoughts' and 'speech defects' in schizophrenia

SIR: As a former assistant in Burghölzli, Zürich, not of Eugen Bleuler but of his son Manfred, I may be entitled to some remarks on behalf of the German words Dr Szasz quoted in his article. As he quoted, the term *Gedankenlautwerden* will be used when a patient states that his thinking has become audible – audible to the patient himself as if spoken by someone else – audible too (in the patients opinion) to persons close to him. Needless to say,

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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.

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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.

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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).

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