Amitriptyline in clozapine-induced sialorrhoea

SIR: Sialorrhoea is a recognised side-effect of clozapine (Kane *et al*, 1990). We have found it to be common, occurring in the majority of patients we have treated so far with this agent. Its cause is unknown, and its occurrence somewhat paradoxical as clozapine has anti-cholinergic effects which one would expect to produce dry mouth. As clozapine does not induce significant extrapyramidal symptoms (Meltzer, 1990) it cannot be due to pseudo-Parkinsonism.

Four treatment-resistant schizophrenic patients showed a significant response to clozapine in the dosage range of 400 to 600 mg per day. They developed persistent severe drooling to the point that they would choke on their saliva when supine in bed. All patients were gradually switched from their original neuroleptics, to which they had shown only partial response, to clozapine. During this time they were maintained on their anti-Parkinsonian agents whose anti-cholinergic effects were not sufficient to prevent this severe drooling.

Nonetheless, it was decided to give a trial of amitryptyline, known to be strongly anti-muscarinic. All four patients showed marked and sustained improvement to a dosage range of 75 to 100 mg per day with the drooling reducing substantially or disappearing.

There was no exacerbation of psychotic symptoms in any of the patients when amitriptyline was added. Whether or not the benefit from amitriptyline is related to its anti-muscarinic effect remains to be seen.

KANE, J., HONIGFELD, G., SINGER, J., *et al* (1990) Clozapine for the treatment-resistant schizophrenic: a double-blind comparison with chlorpromazine (Clozaril Comparative Study Group). *Archives of General Psychiatry*, **45**, 789–796.

MELTZER, H. Y. (1990) Clozapine: mechanism of action in relation to its clinical advantages. In *Recent Advances in Schizophrenia* (eds A. Kales, C. N. Stafanis & J. Talbot) pp. 237–256. New York: Springer Verlag.

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CORRIGENDA

Journal, February 1991, **158**, 218 (first paragraph). The product-moment correlation should read 0.154, not 0.012.

Journal, February 1991, **158**, 297 (Conversations with Pre-school Children). The publisher should read London: W. W. Norton, not New Haven/ London: Yale University Press.

A HUNDRED YEARS AGO

On the Therapeutic Value of Indian Hemp

I have during the last few years been accustomed to prescribe Indian hemp in many conditions, and this drug seems to me to deserve a better repute than it has obtained. In one form of insanity, more common in women than in men, and brought on usually by mental worry, often owing to the illness of a near relative or by a moral shock, the drug acts almost as a specific. In this affection the patient is depressed and apprehensive, she imagines that animals are after her or that someone wants to injure her. There is great mental confusion and mental loss, the patient is unable to carry on any conversation, and sometimes is unable to dress herself, the condition being one of acute dementia. I have notes of several such cases that have been cured by Indian hemp within a fortnight. I usually give 10-minim doses of the tincture thrice daily, combined with iron and strychnine. I prescribe also complete rest and plenty of food. The Indian hemp is an essential factor in the treatment, for without it the rapid recovery does not ensue: it seems to remove the mental distress and the restlessness.

Indian hemp has proved very useful in my hands in the treatment of melancholia and mania. I have also found this drug of great value in the treatment of chorea when arsenic fails, as it frequently does. It may be combined with chloral with advantage in such cases. In migraine the drug is also of great value; a pill containing $\frac{1}{4}$ gr. of the extract with or without a $\frac{1}{4}$ gr. of phosphide of zinc will often immediately check an attack, and if the pill be given twice a day continuously the severity and frequency of the attacks are often much diminished. I have met with patients who have been incapacitated for work from the frequency of the attacks, and who have been enabled by the use of Indian hemp to resume their employment. This drug is also a valuable gastric sedative in cases of gastric ulcer and gastrodynia. It may be combined with nitrate of silver, and it increases the efficacy of the latter. Its value is well known to asylum physicians, but it does not appear to have obtained the confidence of the profession generally. Indian hemp is also a very valuable hypnotic.

Reference

British Medical Journal, 4 July 1891, 12.

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