colloquial licentiousness". The latter example will be familiar to Scottish and Irish doctors, to whom 'boke' or 'bauk' means to be sick, or (the 'dry boke') to retch. I suspect that the angry dish-throwing subject would have been of German or Jewish extraction, since their 'geshinker' neologism is a contraction of two words – the German 'Geschirr', meaning dishes, and the English 'sink'. To use Freud's formulation (1916), this represents "a condensation accompanied by the formation of a substitute". Although it wouldn't please Johnson, such condensations are familiar to us all, and are usually readily understandable within their own cultural context. Far from demonstrating an objectively assessed and phenomenologically pure 'language error', these examples emphasise the rigidity of linguistic approaches, and undermine the idea that speech could exist 'independent of thought' in a cultural, developmental or emotional vacuum.

So how are we to pursue a study of 'communication disorder'? Harre & Gillett (1994) emphasise the close link between the "use of language and the concepts in which thoughts are articulated". It is specious to separate speech and thought; we should rather pursue the 'meaning of the meaning' coded in words. Vygotsky (1962) showed that childrens' cognitive development takes place in a conversational context, but that the formation of language goes beyond simply learning to speak: "the sign is the word which first plays the role of means in forming a concept, and later becomes its symbol" – "the system of signs [or words] restructures the whole psychological process". Purely linguistic approaches to discursive phenomena such a 'manner and relevance' are inadequate to the task; 'speech acts' (Harre & Gillett, 1994) might be a better way of interpreting how we "direct our mental operations, control their cause and channel them towards the solution of the problem confronting us" (Vygotsky, 1962).

There is more to speech and thought than simply communication: 'thought disorder' remains a useful and appropriate psychiatric concept.

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SIR: We write to express our reservations about one of the examples of neologism in Thomas's paper on thought disorder (*BJP*, March 1995, **166**, 287–290), "So I sort of *bawked* the thing up."

In the Scottish National Dictionary one can find the word 'bowk', meaning 'to retch'. Variants of it can be found in the Oxford English Dictionary and Wright's English Dialect Dictionary, with spellings including 'bolk', 'boke' and 'bawk', meaning "to vomit, to retch or make efforts as in vomiting". In Wright's it is described as being found in Scots, Irish and Northumbrian dialects, while the OED attributes its origins to Middle English.

In the context of the fragment of speech quoted, 'bawked' would appear to represent an error in transcription of a word which would make perfect sense to someone who spoke one of these dialects. As it is a word whose derivation can be understood, it is not a neologism, but an example of the richness of regional dialect. It would be most likely to be understood by a Scot, although Scots dialect frequently becomes incorporated into the English language and gains wider usage.

This example highlights the difficulties that can arise in interviewing people who speak regional dialects or other languages. Just because a word is not familiar does not mean that it is necessarily a neologism. It also serves as a timely reminder, with regional assemblies being a matter of debate at the moment, that the principles of trans-cultural psychiatry apply within the UK.

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Chlorpromazine-induced retinopathy

SIR: It has been known for some time that phenothiazines may cause a diffuse pigmentary retinopathy. This is particularly so for phenothiazines with a piperidine side chain, such as thioridazine. Piperidines with aliphatic side chains such as chlorpromazine are much less likely to cause ocular complications although a number have been described previously (Reynolds, 1993). The previous reports of chlorpromazine-induced retinopathy have been related to doses above 800 mg, for greater than 20 months (Spiteri & James, 1983).