world literature on the Munchausen syndrome. Had there been, my point may have been less worth making. In my own experience, these patients refer to the opera more often than one would expect. A case report published some years ago illustrates this point (Cremona-Barbaro, 1983).

I would certainly not disagree with the view that the aetiology of the Munchausen syndrome is likely to be multifactorial, and it would seem reasonable to assume that maladaptive learning in early childhood is an important factor.

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Down-regulation of Post-synaptic Serotonin Receptors as a Mechanism for Clomipramine-induced Anorgasmia

SIR: In considering likely mechanisms for clomipramine-induced anorgasmia, Monteiro *et al* (*Journal*, July 1987, **151**, 102–106) have discounted an effect on central serotonergic transmission. When, however, an injection of a post-synaptic serotonin receptor agonist, 5-methoxy-N, N-dimethyltryptamine (5-MeODMT), is used to induce ejaculation in rats, this effect can be blocked by selective serotonin uptake inhibitors (Renyi, 1986). A single dose of zimeldine inhibits ejaculation when given 48 hours before administering 5-MeODMT. In contrast to Renyi's findings at 48 hours, Mas *et al* (1985) found that zimeldine, like 5-MeODMT, facilitated ejaculatory reflexes when animals were tested one hour after dosing. They also demonstrated that zimeldine's effect on ejaculation, unlike that of the direct agonist, does not occur in animals bearing mid-thoracic spinal cord transections, demonstrating that 5-MeODMT exerts its agonist effect directly on serotonin receptors in the spinal cord or periphery, while zimeldine's effect depends on intact supraspinal innervation.

Taken together, these drug-induced changes in ejaculation can be interpreted as a reflection of the sequence of synaptic events that follow serotonin re-uptake blockade, namely an initial increased concentration of intrasynaptic serotonin with enhancement of neurotransmission, leading to down-regulation of post-synaptic serotonin receptors establishing functional inhibition of neurotransmission by 48 hours (such down-regulation of serotonin receptors has been demonstrated within 3 hours of drug administration by Koshikawa *et al* (cited by Renyi, 1986).

As Mas *et al* point out, the lumbosacral segments of the spinal cord receive descending serotonergic fibres from the raphe nuclei in the same laminae of the anterior horn as the motor and autonomic preganglionic neurones innervating the genitalia.

Chemically-induced ejaculation in paraplegic rats may seem a questionable anthropomorphism to serve as a model of the human orgasm, but this research is cited merely to suggest that serotonergic dysfunction is the best hypothesis for clomipramine-induced anorgasmia.

There have been two case reports of antidepressant-induced anorgasmia in which normal orgasmic function was restored by treatment with the serotonin receptor agonist cyproheptadine while antidepressant treatment was continued (Decastro, 1985; Sovner, 1984). While neither of these cases implicated clomipramine, both drugs – a MAOI and nortryptiline – are known to exert a similar influence on serotonergic transmission. It remains, therefore, to test the acceptability and efficacy of cyproheptadine as a treatment for antidepressant-induced anorgasmia.

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Abnormal Intestinal Permeability: An Aetiological Factor in Chronic Psychiatric Disorders?

SIR: Wood *et al*'s paper (*Journal*, June 1987, **151**, 853–856) presents some puzzling areas which are in need of clarification. The authors stated that the mean cellobiose recovery rate after intravenous injection was 28% (s.d. = 10.8%) in patients who