EPILEPTIC FITS PROVOKED BY TASTE

DEAR SIR,

I should like to report an unusual case of epilepsy; I have not been able to find any previous report of epileptic attacks provoked by taste.

A 30-year-old woman was admitted to hospital on 31 October, 1967, complaining of depression of one month's duration. She had no history of birth injury or head injury, and had an uneventful childhood and school career. She qualified as an S.E.N. in 1960 and married in October, 1961. In January, 1964, she smothered her one-year-old child; this was considered to be due to a depressive state, and she spent one year in a mental hospital. She was again treated for depression between October and December, 1965.

Her first attack occurred in 1954. Each attack starts with diplopia. Then she sees a star in her left eye moving to the left. After 2–3 minutes the diplopia ends, and for the next half-hour she is nauseated and frightened and experiences micropsia. There is no loss of consciousness, incontinence or tongue biting. These attacks occur at about monthly intervals and are usually induced by eating one or two apples, occasionally pears; on one occasion an attack followed eating ice-cream.

During her present admission attacks were provoked on two occasions when she was given apples to eat during EEG recordings. Spike and wave activity appeared in the right posterior leads and coincided exactly with the duration of diplopia. No EEG changes were provoked by apple juice, grated apple, pears, ice-cream, carrots, salt, sugar, water or ice, which were given on different occasions. As only whole apples provoked the attack, it is suggested that the stimulating factor is either in the peel or in the core of the apple. A single chemical might be a precipitating factor, just as a single note may precipitate an attack in musicogenic epilepsy (1).

The observation of Bubnoff and Heidenhain (2) probably explain the physiological background to sensory stimulation. They found that when stimulating a "motor-centre" on the cortex, sub-threshold excitation became immediately effective if shortly before the stimulation the skin of the region was exposed to tactile stimuli.

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LATAH AND REPETITIVE PHENOMENA

DEAR SIR,

Dr. T. Freeman's conviction that a common autonomous basis underlies repetitive clinical phenomena (*Journal*, September, 1968, p. 1107) is of much interest, but he has not taken into account all the material available for observation. I believe he stresses unduly the innate nature of these phenomena in holding that repetitive trends intrinsic to mental activity are "alien to the cognitive functions which together enable an individual to adapt to his environment", and that such trends when clinically expressed in fact derange adaptation.

Examination of latah patients shows with particular clarity that echo-symptoms and command automatism can result from a subject's attempts to adapt effectively when his consciouness is impaired. The latah reaction is typically precipitated by sudden interlocution or a minor "assault" by another person, and the command automatism and echo-reactions (as well as the coprolalia) are elementary defensive and therefore adaptive measures directed against such a person (Yap, 1952, 1967).

It is not simply the repetition of words or actions that helps the patient to achieve understanding of what he perceives. With abeyance of consciousness, the very imitation of a stimulus engenders the comprehension necessary for adjustment and adaptation, and it is therefore an appropriate exploratory response. A rounded theory of repetitive phenomena should preferably go beyond innate origins further to explain the patient's *imitation* of stimuli in the surrounding phenomenal field. Certain Piagetian and Lewinian ideas are here relevant, but it is not my intention to pursue these. I wish only to point out the value of holistically viewing in their behavioural field patients with repetitive symptoms. Indeed it is for this reason that I have thought worthwhile the use of the term "reaction" to characterize latah.

My main purpose in writing is to indicate that the study of comparative psychiatry, far from being an extravagant *divertissement*, does provide novel observations of importance for psychopathology. Incidentally, the latah reaction is not as rare as is commonly presumed. This has been confirmed by Pfeiffer (1968) recently in Java. And like Pfeiffer, Subramaniam in Malaysia found some examples even among the minor staff of a mental hospital.

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TEACHING AND CONSULTATION

DEAR SIR,

I wonder if it is not opportune, with so many changes imminent, for us to reconsider the use we make of our colleagues at home and abroad for teaching and consultation. No one who visits the U.S.A. can fail to be impressed by the enthusiasm given to postgraduate education. Funds seem readily available, and eminent psychiatrists, psychologists, sociologists and so on travel willingly across the U.S.A. to spend a day or a week at psychiatric hospitals, clinics and university centres in order to share their special knowledge and enthusiasms.

In Britain we tend to invite colleagues, generally at their own expense, to give papers and attend conferences. Little emphasis is given to consultation in the sense of having an expert sit in and advise on a treatment programme. Despite the tightness of our little island we remain more isolated from one another's work than is wise. Surely we must stop crying poverty and instead face our responsibilities? If we invite people we should find moneys to reward them for the time and energy they give in travelling, speaking and advising us. After all, it may do more good for our patients and our own morale and cost a great deal less than a century of formal conferences and a sea of White and Green Papers.

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PSYCHIATRIC EDUCATION

DEAR SIR,

In their article on psychiatric education (*Journal*, November, 1968, p. 1414), Professor Carstairs and his colleagues state that it is their impression that Guy's Hospital and Dundee are the only schools that have child psychiatry beds in the teaching hospital. This is not correct. In Birmingham, for example, we have had 8 beds for child psychiatric patients in the Children's Hospital (one of the Birmingham Teaching Hospitals) for three years now. These are under the care of a consultant child psychiatrist who is also a part-time lecturer in child psychiatry in the University Department. In addition to this we also have a full-time lecturer in child psychiatry and mental subnormality who takes part in the teaching programme, together with his part-time colleagues.

As I regard the teaching of child psychiatry as an important development in the undergraduate curriculum, I thought that, for the record, I should write and give you this information.

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DEAR SIR,

The interesting paper (*Journal*, November, 1968, p. 1414) entitled: "Survey of Undergraduate Psychiatric Teaching in the United Kingdom", by G. M. Carstairs *et al.*, contained details of the teaching of the behavioural sciences in the pre-clinical years in various medical schools in this country.

We should like to point out that no mention was made of the course in psychology at Liverpool University Medical School, although this began in Autumn, 1961, and is still in operation. This is a 90-hour course given in the third year, details of which were reported to the British Association in August, 1966, and published in the *British J. med. Educ.*, 1968, 2, 41–44.

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DEAR SIR,

I shall be grateful if you will permit me to comment on the surveys of undergraduate teaching and postgraduate training in psychiatry contained in your issue of November, 1968. I should like in particular to fill out the information given about the teaching programmes at this Medical School and in the Newcastle region.

I am concerned to do so, not because the information provided is in any way incorrect, but because the picture given of provision at this School and in this region is incomplete and inadequate.

1. Undergraduate Teaching

Only seven of the special teaching sessions organized for small groups of students under the direction of a tutor appear to have qualified for mention under the heading of "Seminars". It may be held that the