

Is this Hungarian self-hatred or racism? Szasz would have us believe that occidental despotism is made more acceptable by what he calls Judeo-Christianity. But Moses, Paul, and Jesus and all his disciples were worthy oriental gentlemen!

Stalin, Hitler, Mussolini, Franco and Rudolf Hoess (Commandant at Auschwitz) were all Christians. Not one was excommunicated. Two, Stalin and Hoess, studied at religious seminaries and had considered taking Holy Orders. The only oriental to compare with this European class in recent times is Pol Pot.

I hope that the Editor will guard against any hint of racism creeping into the *Journal*.

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Anorexia nervosa and Chinese food

SIR: From my personal experience both here in Hong Kong and in the UK, I agree with the paper by Lee *et al* (*Journal*, May 1989, 154, 683–688) that there are far fewer cases of anorexia nervosa in the Chinese.

However, I think the exact reason why this is so is still far from clear. Dr Lee *et al* cited three cases and concluded that socio-cultural factors are the most important. Three years ago, I arrived at the same conclusion, although by a common-sense approach from the discussion I had with my tutor in the Maudsley hospital. Then, as now, I think that at least three other factors are also important. The first is the immense importance attached to food and eating in the Chinese culture. There is a Chinese proverb saying that “of all things in life, food is the most important”. Indeed, to the Chinese, food is a bit like God, paramount and ubiquitous. Secondly, Chinese food is delicious. I think it is simply so delicious that one can hardly resist eating it. Thirdly, it is the Chinese custom to eat meals with their family. Everyone is expected to eat a certain amount, and it is quite difficult to go unnoticed if one departs from one’s usual quantity. There is thus always a social pressure from the family for people to conform in order to avoid undue concern to other family members.

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Oculogyric crises and schizophrenia

SIR: I found the paper by Chiu (*Journal*, July 1989, 155, 110–113) very interesting. I would like to report a further case.

Case report: Miss M had a long-standing schizophrenic illness. Eight years ago, at the age of 31, she was admitted 4 weeks after a reduction in dose of depot zuclopenthixol followed by increased frequency of auditory hallucinosis. This consisted of multiple voices in the second or third person. The episodes would last from 1 to 24 hours. Unless very mild, they were associated with oculogyric crisis associated with dysphoria. A typical episode would start with auditory hallucinosis, increasing in severity and becoming associated with oculogyric crisis, and finish as auditory hallucinosis alone, dying away. During the oculogyric crisis, the eyes were deviated up or up and to the right. Pursuit eye movements laterally and downwards were possible but impersistent, and associated with flickering of the eyelids. Bringing the eyes down to the normal position voluntarily improved the auditory hallucinosis. Convergence was not possible. The right pupil was minimally larger than the left, and reacted more sluggishly to light. The only other abnormality on physical examination was mild postural hypotension. As well as zuclopenthixol, she was also being treated with chlorpromazine and an anticholinergic. Some further anticholinergic medication parenterally produced temporary improvement. An increased dose of chlorpromazine produced complete disappearance of the oculogyric crisis over 12 hours and of the auditory hallucinosis over 24 hours. She continued to show de Clérambault’s syndrome, believing that the Prince of Wales had intentions towards her despite his impending marriage.

The cases reported suggest that the association of oculogyric crisis and auditory hallucinosis is not fortuitous. The relative contribution of disease and drug-induced disorder to the phenomenon is difficult to elucidate now, because the use of neuroleptic medication is nearly universal in schizophrenic illnesses. Strong conjugate upward rotation of the eyeballs, lasting for hours at a stretch with constant rapid flickering of the eyelids, was reported in schizophrenia in the pre-neuroleptic era at the time when oculogyric crisis was first being described in epidemic encephalitis (Farran-Ridge, 1926). Thus oculogyric crises may have been a feature of schizophrenic illness before the introduction of neuroleptic medication. They may have been given other descriptions, such as ‘mannerisms’ (Rogers, 1985). If they were part of the disease process in some cases, this would make an association with other features of the disease process such as auditory hallucinosis more understandable. Medication obviously makes a significant contribution to the expression of both dystonic eye movements and hallucinosis, as in this case. The relative contribution of specific neurotransmitter disturbances to the oculogyric crisis is difficult to establish. Increase in either anticholinergic or anti-dopaminergic medication had a beneficial effect in the case reported.

Auditory hallucinosis in association with oculogyric crisis has only rarely been described, and then