

Correspondence

MENTAL ILLNESS IN LONDON: A HORTON PROFILE

DEAR SIR,

In his article under this heading in the May issue (pp. 429-430), Dr. Wilkinson points out that Horton Hospital is admitting an unusually large proportion of schizophrenic patients, and he attributes this to the nature of the Horton catchment area, to which he says schizophrenics seem to be particularly attracted. This may well be true, but the figures given in the article are unconvincing, since we are not told the ages of the patients admitted. If the number of elderly and aged patients admitted is low (because, for instance, of there being more geriatric beds available elsewhere) there will necessarily be a larger proportion of the mental disorders occurring in earlier life. There is a hint that this may be the case at Horton, since the diagnoses of dementia and confusion accounted for only 10.4 per cent. of the admissions, suggesting that the total percentage of admissions in the over-65 group would not have been much higher, whereas the percentage in some other hospitals may be anything up to 30 per cent.

It is possible that Dr. Wilkinson has actually taken account of this factor, but has had to omit the relevant figures from his paper because of exigencies of space. If so readers will be grateful if he can give them some additional information in these columns.

ALEXANDER WALK.

18 Sun Lane,
Harpenden, Herts.

TEMPORAL LOBE EPILEPSY

DEAR SIR,

The two cases reported by Fenton and Udwin (*Journal*, April 1965, p. 304) and Vaillant (*Journal*, April 1965, p. 307) are intriguing, yet they are but striking examples of what is really a common illness, and I submit that the electrophysiological disorder in each instance is fundamental, whereas the "depression" and the "schizophrenia" are in these instances merely descriptive, and approximately so at that.

The psychiatric symptoms occurring in epileptic disorders have been described by the old masters of neurology and psychiatry, and include every symptom man can display (Boardman, 1956). Thus it is not surprising that on occasion constellations of symptoms appear in an epileptic which resemble closely, even precisely, those of depression, schizophrenia, or other

disorders. If the epilepsy is already recognized, the diagnosis is easy, but if the fits are not known about, or have not yet appeared, the diagnosis is likely to be missed unless it is always recalled as a possibility.

The disturbed wards (or wards known by any euphemism therefor) of a psychiatric hospital contain many such cases, since violence is a common if episodic feature. True, as Fenton and Udwin state, homicide is rare, but in my experience in such wards many attacks have been made by patients that could have been homicidal in outcome.

These patients show constant temporal theta or delta, and occasional temporal spikes. This has been significantly confirmed in the brilliant paper by Treffert (1964) in a study which excludes observer bias by being retrospective. If fits later appear, these are attributed to E.C.T. (of which such patients may receive hundreds) or leucotomy, or are ignored.

The differentiation of these cases lies in looking for the rogue symptoms. Fenton and Udwin do not state their criteria for a diagnosis of (endogenous?) depression, but indicate that the patient had an uninvestigated headache for one year. Vaillant does question his diagnosis of schizophrenia, on good grounds.

This group is important because it constitutes a significant minority of psychiatric hospital intake; because such patients do well on long-term therapy with combined anti-convulsants and phenothiazines; because they need protection from E.C.T. and leucotomy; and because they so easily become the ferocious and unloved ones of the therapeutic community. Detailed neurological and psychiatric study of the back-ward patients is clinically fascinating and spiritually chastening.

While disagreeing with Vaillant's conclusion, I admire his philosophy. He thinks like Gowers, who pointed out that the psychic disturbances in epilepsy do not derive from the fit, but that both they and the fit derive from "some common cerebral imperfection".

R. H. BOARDMAN.

Parkside Hospital,
Macclesfield, Cheshire.

REFERENCES

- BOARDMAN, R. H. (1956). *The Effect of Chlorpromazine on Psychoses Associated with Epilepsy*. M.D. Thesis, Cambridge.
- GOWERS, W. R. (1888). *Manual of Diseases of the Nervous System*. J. and A. Churchill, London. Vol. II, p. 692.
- TREFFERT, D. A. (1964). *Amer. J. Psychiat.*, **128**, 8.