mechanisms. But differentiating the function and characteristics of particular types of social relationships is equally important for discriminating the variety of disorders. For example, an inability to experience intimacy is experientially and clinically different from an inability to experience security within an intimate relationship. The first we would term a disorder of the affiliative system; the second, of the attachment system. To attempt to 'circumvent' these distinctions hinders rather than aids conceptualisation in this field of research.

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Zinc in Senile Dementia

SIR: I wonder why Ken & Gibb (*Journal*, August 1986, **149**, 221–223) chose patients in their comparison group who were suffering from disorders in which low zinc levels have been reported. Srinivasan (1984) reviews psychiatric disorders in which low zinc levels occur: these include affective disorders, confusional states, and schizophrenia, all of which were included in the comparison group. The study would have been more valuable if a comparison had been made with a healthy, non-psychiatrically ill control group who were matched for age and sex with the dementia group, and it is possible that low zinc levels in dementia could then have been demonstrated.

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49 Chromosome Anomaly

SIR: We describe another patient with 49 XXXXY anomaly (*Journal*, February 1986, **148**, 209–210 and 210–212).

Case report: A male, aged 34, has been an in-patient for the last 22 years. He was born with the cord around his neck and was cyanosed at birth. His developmental milestones were delayed. He had recurrent chest infections as a child. His mother was 34 and his father was 39 years old at his birth, and he is the youngest of three siblings.

On physical examination, he is 5 ft $\frac{3}{4}$ ins in height and his head circumference is $52\frac{1}{2}$ cm. He has a small face, with palpebral fissures slanted upwards and outwards. He is severely myopic, and has left-sided club foot. He has a narrow chest and does not have any facial or body hair, although he does have a few axillary and pubic hairs. His penis is small and his testes are undescended. He had phymosis at birth, which has been operated on in the past.

He is passive, friendly, and attention-seeking, and has a high-pitched voice. He likes music, discos, and parties and is also interested in swimming. He is fully ambulant and his self-help skills are good. He is able to read and write. His IQ was tested in 1981, when the WAIS score was 60. He had unexplained recurrent falls in 1983, and an EEG showed bilateral cortical dysfunction maximal over temporal regions. He had no more falls after he was started on carbamazepine.

It is interesting that despite 49 XXXXY anomaly and some perinatal damage this patient is functioning at the level of mild-to-moderate mental handicap.

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Post-ictal Syndrome after ECT

SIR: James & Simpson (*Journal*, September 1984, **145**, 337–338) invited comment on the observation of a second spontaneous fit after the second ECT given to a young woman suffering from a psychotic depressive illness associated with refusal to eat or drink.

Recently a similar observation was reported locally. A 24-year-old woman suffering a depressive illness had received a 12th right unilateral treatment. The treating doctor reported that about a minute after a tonic-clonic seizure she displayed further arm and leg movements lasting approximately 30 seconds, and concluded that she had undergone a second epileptic seizure.

By chance the young woman was taking part in a study, and thus a 4-channel EEG recording was

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