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*.

GERALD SAMUEL

12 Castle Garden
Swan Street
Petersfield
Hampshire GU32 3AG

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.

LI SIU-WAH

Yaumatei Psychiatric Clinic
145 Battery Street
Hong Kong

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

following encephalitis (Rosner, 1942). Even here it was rare. In Jelliffe's exhaustive summary of all reported cases of oculogyric crisis after epidemic encephalitis up to 1928 there was not a single case of such an association (Jelliffe, 1929). In schizophrenia this association has not been described before Chiu's report. This may be because of the paradoxical association between a resumed drug-induced disorder and one of the symptoms the drug is supposed to treat. In the case I report, the oculogyric crisis has been previously noted but described as hysterical, just as were the earliest cases of oculogyric crisis after the onset of epidemic encephalitis.

D. G. C. ROGERS

Burden Neurological Hospital
Stoke Lane
Stapleton
Bristol BS16 1QT

References

FARRAN-RIDGE, T. (1926) Some symptoms referable to the basal ganglia occurring in dementia praecox and epidemic encephalitis. *Journal of Mental Science*, **72**, 513–523.

JELLIFFE, S. E. (1929) Oculogyric crisis as compulsion phenomena in post-encephalitis: their occurrence, phenomenology and meaning. *Journal of Nervous and Mental Disease*, **69**, 59–68, 165–184, 278–297, 415–426, 531–551 and 666–679.

ROGERS, D. (1985) The motor disorders of severe psychiatric illness: a conflict of paradigms. *British Journal of Psychiatry*, **147**, 221–232.

ROSNER, A. A. (1942) Unit reaction states in oculogyric crisis. *American Journal of Psychiatry*, **99**, 224–228.

Caution about sorcery

SIR: Keshavan *et al* (*Journal*, February 1989, **154**, 218–220) discuss the role of sorcery in the aetiology of psychopathology in rural India. I would like to discuss a case which acts as a caveat when looking for such explanations in the illnesses of recent immigrants to the United Kingdom.

Case report: A 28-year-old married Ghanian lady was admitted with a 3-month history of increasing estrangement from her husband and a week's history of mutism and not eating. Her husband reported that they had had an arranged marriage in Ghana four years previously, but that his wife had not joined him in England until two years later. He felt their marriage to be happy and without problems.

On examination she was dehydrated, but also approximately 28 weeks pregnant. She was initially mute, and was only persuaded to eat and drink with great difficulty. A diagnosis of depression was eventually made and a course of ECT was given, to which she made a good response.

The lack of information about our patient encouraged speculation as to the role of specific sociocultural factors in the aetiology of her illness. We felt that there was particular significance in the fact that she would not discuss and then denied her pregnancy. We discovered that there are traditional Ghanian beliefs leading pregnant women to think of their forthcoming child as a danger to themselves both physically and spiritually. Risks are much greater if the husband is not the father of the child; it is said that "adultery spoils the pregnancy", and it is felt very unlikely that such pregnancies will be safely delivered (Field, 1960).

These ideas led us to consider illegitimacy and worries about the pregnancy to be of major aetiological significance. However, when discussed with the patient prior to the course of ECT they did not elicit any response. The successful resolution of her illness allowed the patient to tell us that such views were very old-fashioned and now rarely believed. The problems she faced were much better understood in the context of isolation, a difficult marriage, and feeling very homesick.

L. M. MYNORS-WALLIS

The Maudsley Hospital
Denmark Hill
London SE5 8AZ

Reference

FIELD, M. J. (1960) *Search for Security*. London: Faber and Faber.

Benign intracranial hypertension and repeated self-mutilation

SIR: It is surprising that a void exists in the literature concerning the subject of psychiatric morbidity and benign intracranial hypertension, other than mentions in passing of feelings of subjective tension and discussions of the mental impairment suffered in children with the disorder.

Case report: Miss A, a 23-year-old unemployed single mother living alone with her child, was first seen as an overdose referral, having been admitted to the General Hospital following ingestion of 20 temazepam tablets to "relieve" the tension in her head. A careful history revealed no ideational or biological aspects suggestive of depressive illness.

On reflection she felt that she had never been happy even as a child, and that although there had been no specific traumas in her early life she had been shown little affection by her parents. At the age of 15, apparently unrelated to any social difficulties at the time, she began to experience feelings of extreme tension which she found difficult to explain in detail, but described as being not exactly pain but more a feeling of pressure building up to such a pitch that she felt as if her head was going to explode. The only way in which she was able to relieve this tension was by self-mutilation, and over the three years between the ages of 15 and 18 she made repeated superficial slashes to her forearms and also clawed at her face on several occasions with superficial injury