

## 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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## REFERENCES

1. CRITCHLEY, M. (1937). *Brain*, 60, 13.
2. BUBNOFF, N., and HEIDENHAIN, R. (1881). *Arch. ges. Physiol.* 26, 137. (Trans. von Bonin G., and McCulloch, W. S., in Bucy, P. C. *The Precentral Motor Cortex*. Urbana, Illinois: University of Illinois Press. Pp. 173.)

## 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 consciousness 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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