

## Correspondence

*Correspondents should note that space is limited and shorter letters have a greater chance of publication. The Editors reserve the right to cut letters and also to eliminate multitudinous references. Please try to be concise, strictly relevant and interesting to the reader, and check the accuracy of all references in Journal style.*

### THE CORPUS CALLOSUM AND BRAIN FUNCTION IN SCHIZOPHRENIA

DEAR SIR,

We would like to reply to comments concerning our original paper (*Journal*, December, 1981, **139**, 553–7). As suggested by Shaw (1982) we have tested three normal left-handers, who varied between 8 and 12 on a scale of left-handedness (Annett, 1970). All had evoked potentials similar to normal right-handers.

Dr Connolly (1982) commented that our evoked potentials differed in form from Salamy's. This is perhaps to be expected since our electromagnetic transducer elicits a sudden finger displacement of 3 mm as well as vibration of 0.5 mm amplitude. Systematic investigation showed that the sudden displacement without vibration gave similar evoked potentials, so that our stimulus is without doubt different from Salamy's. Even longer contralateral-ipsilateral differences have been recorded from both scalp and brain by Papakostopoulos *et al* (1974) in response to very slow index finger displacement.

In schizophrenics, some of the ipsilateral responses seemed to be earlier than the contralateral. This was probably due to the large scatter of results, since the average transmission time did not differ significantly from zero, but may well reinforce our hypothesis of the ipsilateral schizophrenic response being produced by ipsilateral pathways from the brain-stem, which would be marginally shorter than the contralateral pathways.

Our important finding is one of virtually synchronous responses in schizophrenics, as opposed to the asynchronous ones in normals. On the advice of Dr A. Brookes, Department of Physics, University College, Cardiff, we recorded potentials on a micro-processor-based system (donated by the Wellcome Trust), and looked for time differences by means of cross-correlation analysis over the first 50 ms. This normally includes P1, N1 and P2 contralaterally, but only P1 on the ipsilateral side in normals (mistakenly drawn in our Fig 1 as just after 50 ms, whereas it should have been just before). Such analysis uses all points on the evoked potentials and avoids the insurmountably subjective judgement of peaks and troughs, and as a result has confirmed little or no

time difference in schizophrenic patients, and 10 ms or more in normals.

We agree with Dr Connolly that this technique only assesses a minority of fibres in the corpus callosum, but intend to test other fibres, using different stimulus modalities.

GARETH H. JONES

*Welsh National School of Medicine,  
Whitchurch Hospital,  
Cardiff CF4 7XB*

JULIAN MILLER

*MRC Institute of Hearing Research,  
(Welsh Section),  
University Hospital of Wales,  
Heath, Cardiff CF4 4XN*

### References

- ANNETT, M. (1970) A classification of hand preference by association analysis. *British Journal of Psychology*, **61**, 303–21.
- CONNOLLY, J. F. (1982) The corpus callosum and brain function in schizophrenia. *British Journal of Psychiatry*, **140**, 429–30.
- PAPAKOSTOPOULOS, D., COOPER, R. & CROW, H. J. (1974) Cortical potentials evoked by finger displacement in man. *Nature*, **252**, 582–4.
- SHAW, J. C. (1982) The corpus callosum and brain function in schizophrenia. *British Journal of Psychiatry*, **140**, 429.

### PSYCHIATRIC ASPECTS OF AMPUTATION

DEAR SIR,

In their two papers, Shukla *et al* (*Journal*, July 1982, **141**, 50–53 and 54–58) described psychiatric symptoms in over 60 per cent of their patients, and phantom pain in 70 per cent. These results, from a group of young traumatic amputees, form an interesting contrast with those obtained in a recent study carried out in this unit, under the direction of Professor R. C. B. Aitken.

Fifty-five patients with lower limb amputation were studied prospectively, using a series of questionnaires, during their in-patient stay in the Rehabilitation Medicine Unit. They were admitted at a median of three weeks post-amputation, and the median length

of stay was six weeks. Thirty-five patients were over 60 years of age; two-thirds were male. Of the 57 amputations, 45 had been performed because of vascular disease; only 5 were the result of trauma. Thirty-two patients had previously undergone at least one vascular surgical procedure.

On assessment of anxiety and depression, using the DSSI-SAD questionnaire (Bedford and Foulds, 1978) 14 of the 22 patients questioned scored zero in the anxiety section, and only 1 patient had a score suggesting significant abnormality. For the same group, the corresponding figures for the depression section were 15 and 2. The use of antidepressants and hypnotics was minimal. On admission, 34 patients used a hypnotic regularly, this figure falling to 14 by the time of discharge.

Despite this being an elderly population, there was little abnormality in mental state as detected by the Isaacs-Walkey Mental Impairment Measurement questionnaire: of the 45 patients tested, 43 showed no significant mental impairment. On admission 9 patients complained of phantom limb pain, and 6 patients still had these sensations at discharge.

These preliminary results, with further studies in prospect, indicate that the level of psychiatric morbidity in this group of elderly non-traumatic amputees is considerably less than that reported by Shukla for young traumatic amputees. There was little evidence of the grief and bereavement reactions traditionally expected in such patients due to their symbolic loss, and phantom pain was only a minor problem. Indeed a commonly expressed emotion after the amputation was relief at the eventual loss of the source of prolonged severe pain.

PAMELA J. STEPHEN

*Princess Margaret Rose Orthopaedic Hospital,  
Edinburgh EH10 7EB*

#### Reference

BEDFORD, A. & FOULDS, G. (1978) *Delusions-Symptoms-States; Inventory State of Anxiety and Depression (Manual)*. NFER Publishing Co.

#### ECT IN AN INDIAN RURAL TEACHING HOSPITAL

DEAR SIR,

The impression given by the author of the paper with the above title (*Journal* 1981, 139, 569-71) is that ECT is quite popular in India, and he advocates using it in schizophrenia. While agreeing with his views on its use on economic grounds only, I would like to clarify the prevailing circumstances in India vis-à-vis ECT.

India is a developing country and the majority of the population is poor. For the very poorest, perhaps ECT has to be resorted to since they cannot afford to

buy drugs, and the hospitals are not in a position to supply them free, but for the patients with a slightly higher income there is no reason to believe that ECT is frequently used. ECT is rather more popular with psychiatrists engaged in private practice because this brings more financial benefit to them than prescribing drugs only. In fact these practitioners have projected an image as if ECT is invariably the treatment of any psychiatric illness. The superiority of neuroleptics over ECT in the management of schizophrenia is well known and needs no further elaboration.

This is not to deny the value of ECT in selected cases with specific indications, particularly those rare patients who are not responsive to neuroleptic drugs. Nevertheless, the convenience of cheapness, or expense, must be distinguished from therapeutic effectiveness.

S. B. CHATTERJEE

*Armed Forces Medical College,  
Pune, India, 411001*

#### EPIDEMIC PSYCHOSIS

DEAR SIR,

Harrington has recently described three outbreaks of epidemic psychosis occurring in Thailand (*Journal*, 1982, 141, 98-9). A similar interesting case occurred in Malta two years ago. Unfortunately I was unable to investigate the case personally at the time, and my report is based on local press reports and some second-hand descriptions from relatives.

On the 21st of June 1980 at eight o'clock in the morning, a group of children between the ages of ten and twelve together with their teacher were waiting by the sea-front for the school bus. The children were midway through their end of year examinations, and were possibly under some stress. Suddenly several of the children appeared very agitated and claimed that they could see the figure of a woman dressed in white gliding slowly out of some disused buildings and over the sea, disappearing shortly afterwards. Some of the children also said that she was carrying a dog under each arm. The teacher who was with them saw nothing.

Two hours later, at a different school, another group of children also claimed to see this figure at their school. Several hours later, well after sundown, three fishermen who were out fishing were shocked to see the ghostly figure of a nun dressed in white glide past them over the water. They were taken to the local hospital casualty, and were said to be suffering from shock. The following day there were isolated reports of the nun being seen at various places, including the airport.

As the stories spread, people crowded at places where sightings had been reported, several of them