

F. Sellers

January 27, 1978

TO: Dr. Al-Chalabi
From: Max Fink, M.D.
Subject: Attached 5 reports on clinical subjects.

The five reports you submitted are interesting documents. It is unclear what the immediate question may be, but I assume you have two: are these items publishable, and are they a reasonable basis for clinical studies. Since they differ very much, I shall try to discuss each one separately. Overall, the reports are interesting case records and reflect the variety of the experiences at L-4 -- indeed the wealth of case material is astonishing.

L7 The study of temporal lobe psychomotor epilepsy masquerading as psychosis is quite good. Two of the cases are convincing; two are fragments. As a case report, the introduction is inadequate. The EEG records need samples and the report of a neurological expert. There is a special issue, however, which cannot be answered retrospectively: the patients were receiving antipsychotic medication at the time the EEG records were taken. These compounds were in doses high enough to alter the EEG. How are we to separate the EEG effects of drugs from the natural effects of disease ?

A case report, to be publishable today, should be a clear example of the problem; and should enlighten the reader under what conditions he may hope to find the same problem. The discussion fails to do this-- it should explicate the symptoms that alerted you, and should alert others, to the significance of the EEG and the diagnosis (and treatment) of epilepsy.

As to your comment that few reports are in the recent literature-- probably so, but that may be because the syndrome has passed into the textbooks. I suggest you read the writings of Denia Hill, Ajmone-Marsan, Gibbs, Gastaut, to name a few who have described these syndromes. I would particularly urge you to look at Gastaut and the French literature, where this syndrome has been dissected microscopically.

2. The combination of lithium and a diuretic has been discussed at length recently by scientists at the University of Pittsburgh: Kupfer comes to mind, but there are others in the same laboratory. see Clinical Pharmacology & Therapeutics, 1976-77.

3. Low serum lithium. This is an interesting reason for low levels. It could be the basis for a letter to the editor in one of the journals, like the JAMA or Lancet, when there is an article describing problems with lithium levels. If the author omits this reason, it would be useful to write then, explaining your experience.

4. This report is unclear. I cannot find a theme that would make it the basis for a study.

5. The issue of hypothyroidism in lithium therapy is well defined in the literature-- as you have noted. While it is clinically important, it is not clear what you propose to add to the solution of the problem. It is commendable that you should propose to assess thyroid function in the patients under your care and that such study will be to their benefit is not disputed. But what do you wish to do to add to our knowledge ?

From this review, I am not optimistic that any of the reports is publishable except the one noted in letter form.

I trust these comments are of some help.