outcome, a feature characteristic of koro, is not clear. In any case, such a koro pattern of depersonalization experience (better described as a body image disturbance) as the common basic phemomenon may be universal in its distribution, with different interpretations in different cultures (Edwards, 1970; Yap, 1967). In a recent study of 40 patients with neurotic disorders related to semen loss, we found that 20 (50 per cent) had such an experience attributed to fear of loss of vitality (Machado *et al*, 1981). In Thailand, noxious food seems to get blamed. Interestingly, an epidemic of koro reactions has been reported from Singapore following ingestion of the flesh of recently vaccinated pigs (Mun, 1965).

Clearly, subjective experiences of bodily change are a concomitant of anxiety among suggestible individuals with self-scrutiny and overconcern about their genitalia. Their irrational beliefs, being shared by the others in their culture, are not delusions and the label psychoses is unlikely to be appropriate.

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STRESS AND STRAIN

DEAR SIR,

The concepts of 'stress' and 'strain' are used so widely in the psychiatric literature that it may be worth while looking at their technical meanings. In statics, 'stress' is defined as a deforming force and 'strain' is the amount of deformation so produced. Elasticity is the property of returning to the original state after deformation, and Young's modulus of elasticity is approximately equal to stress divided by strain. There follow from this the secondary concepts of perfect and imperfect elasticity, and also of perfect plasticity.

These constructs could perhaps be transferred almost literally to the field of mental health. The human organism is subjected to various stresses from time to time which tend to distort the personality; such stresses may be traumatic circumstances, adverse biochemical changes, etc. If the personality recovers completely and returns to its former state, we may describe it as being 'perfectly elastic', the equivalent of full recovery. In the 'imperfectly elastic' condition some degree of chronic distortion is left; or one might say incomplete resolution of symptoms. In much worse state is the 'perfectly plastic' type of personality, one which retains completely the whole of the deforming change so that all the initial symptoms become chronic.

It would be speculative to try to apply these ideas to clinical states, although parallels are readily apparent; but given adequate scaling for life events and for symptom formation, a modulus of personality elasticity may not be too far distant.

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WHAT IS IT LIKE FOR THE PATIENTS?

DEAR SIR,

Having now been a reader of the *Journal* since 1955, it is perhaps not out of place to express surprise at how little attention we appear to pay to the experience of patients undergoing psychiatric treatment of all kinds. The spate of articles academically accurate, statistically sound, and some coldly objective, is indeed a tribute to the involvement of professional workers. Yet in listening to patients, in reading the press and reading between the lines, we get hints of a different world. I find that I now regret not taking more seriously the accounts patients gave me of various abuses, bullying and irregularities which affected them. But accounts in the press and on TV are now such that many of us working in the field are increasingly disturbed by it.

Perhaps a series of contributions commissioned by the Editor of the *Journal* of accounts by patients of what actually happens to them while in our care, would be enlightening, and might help to bridge the gap which seems to exist between ourselves as the givers of psychiatric care, and ordinary people who are the recipients.

Maybe our reluctance to explore properly this aspect of our work amounts to a resistence to look, which does us little credit.

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PUBLICITY AND BULIMIA NERVOSA

DEAR SIR,

We would like to comment on an apparent increase

in the number of patients referred to psychiatric hospitals who fulfil diagnostic criteria for the syndrome bulimia nervosa. Until recently such referrals seem to have been relatively uncommon. Russell (1979), when originally describing the condition, reported that it had taken him six and a half years (1972–8) to collect 30 cases; and Greenberg and Marks (*Journal,* August 1982, **141,** 148–53) report that out of over 800 patients treated between 1972 and 1980 at the behavioural clinic at the Bethlem and Maudsley Hospitals only six had bulimia nervosa.

Our experience in the course of conducting a treatment study suggests that patients with bulimia nervosa are no longer uncommon. Over the past six months we have been referred 18 such patients, none of whom had previously received treatment. In addition, over the same period seven other patients with this diagnosis have been seen elsewhere in the hospital. All 25 patients came from the Oxford area. From our contact with psychiatrists practising elsewhere in Britain, we have gained the impression that there has been a similar increase in referrals to other centres.

Why should this upsurge have occurred? The explanation may be related to the publicity the disorder has recently received in the media. This began with a television documentary early in 1981 and has included at least five national radio programmes and six articles in major newspapers. Whilst it is possible that the publicity may have engendered new cases by suggesting that self-induced vomiting is an effective means of weight control, we do not think this is the prime cause of the increase in referrals. Most of our patients started binge-eating and vomiting in the seventies. The same is true of 499 women who appeared to fulfil diagnostic criteria for bulimia nervosa whom we identified in 1980 with the help of a popular magazine; their average duration of binge-eating and self-induced vomiting was 5.2 (sd = 4.7) and 4.5 (sd = 4.0) years respectively (Fairburn and Cooper, 1982).

We suspect that the publicity may have resulted in people with bulimia nervosa being more willing to seek help. Of the 499 people identified in the 1980 magazine study, less than a third had ever mentioned their eating difficulty to a doctor, and the majority had kept it secret from their family and friends. These women reported that their secrecy arose from shame and guilt about their eating habits, and the belief that they were the only one with the problem. Many of them expressed surprise and relief at learning that others ate in 'binges' and practised self-induced vomiting. Assuming that such attitudes were widespread, we think that, by lessening their sense of isolation and shame, the recent publicity may have helped people with bulimia nervosa to divulge their eating problems to doctors. In addition, doctors may have been alerted to the fact that people with a normal body weight may nevertheless have an eating disorder which requires specialized help.,

If this explanation is correct, the upsurge in referrals may be a short-lived phenomenon during which existing cases of varying duration will come to attention. Thereafter we would expect the referral rate to reflect more accurately the incidence of the condition.

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PSYCHIATRIC SYMPTOMS IN CHRONIC EPILEPTICS

DEAR SIR,

In their paper on Psychiatric Symptom Patterns of Chronic Epileptics attending a Neurological Clinic (*Journal,* March 1982, **140,** 236–43) Kogeorgos *et al* referred to the bulk of their epileptic patients as suffering from "focal, mainly temporal lobe seizures". They do not specify how many patients had simple partial seizures, how many had focal non-temporal lobe epilepsy, and how many had generalized seizures in association with their temporal lobe epilepsy. All these factors have been shown to have a significant influence on the rate of psychiatric pathology in epileptic patients (Stevens, 1975; Stevens and Herman, 1981) and the relative number of patients in each category may have bearing on the significance that can be attached to the differences in psychopathology found between the focal and generalized epileptic groups in this study.

They also do not indicate how many patients in the focal epileptic group had left, right or bilateral ictal foci. The psychopathology in patients with epilepsy has been shown to vary with the laterality of focus (Bear and Fedio, 1977) and those with right temporal lobe foci tend to underestimate the severity of their psychopathology and those with left temporal lobe foci to overestimate their psychopathology, when rating themselves in comparison to observer ratings (Bear and Fedio, 1977). This degree of bias will be less