- of Gilles de la Tourette's syndrome. *Am J Psychiatry* 129:427-434, 1972
3. Ringel SP, Guthrie M, Klawans HL: Current treatment of Huntington's chorea. *Adv Neurol* 1:797-801, 1973
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Poriomania

To the Editor: What a joyful day in the life of the academician, witnessing a relatively well-known phenomenon born again with a new name! Mayeux and associates¹ have certainly made a strong bid for the Lamont Cranston Award² of 1979 with their contribution on "poriomania." This name will no doubt ably serve to obfuscate students and give residents a chance to show their erudition for several years before it fades again into footnotes in a few very large textbooks.

Their first case, unfortunately, is an unconvincing example of prolonged complex partial seizures (or poriomania). His "aura" was more suggestive of a psychiatric disorder, his fugue states were unobserved, and his response to carbamazepine may have been due to its postulated psychotropic effects. The EEG displayed in the article shows only small sharp spikes, or so-called BETS, the benign epileptiform transients of sleep. White, Langston, and Pedley³ found this in 22% of normals. It is true that these were *California* normals, who may well have spent time wandering in a clouded state; but the point remains, this EEG event has no predictive value in diagnosing epilepsy.

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References

1. Mayeux R, Alexander MP, Benson DF, et al: Poriomania. *Neurology* 29:1616-1619, 1979
2. Lamont Cranston was able to become The Shadow after acquiring the "...mysterious Oriental power to cloud men's minds so they could not see."
3. White JC, Langston JW, Pedley TA: Benign epileptiform transients of sleep: Clarification of the small sharp spike controversy. *Neurology (Minneapolis)* 27:1060-1068, 1977

Reply from the Authors: Unfortunately, Dr. Lewis has missed the point of our paper. Poriomania is not a "new" term; in fact, Kraepelin first used the term at the turn of the century to distinguish epileptic (postictal, we believe) wandering from psychogenic wandering. Our intent was not to recoin a "new name," but rather to encourage neurologic investigation of patients who experience recurrent fugue states of unknown origin. Our report and those we referenced indicate that some, not all, patients with this unusual symptom complex may have epilepsy.

Secondly, we did not believe that the EEG in patient No. 1 was consistent with BETS because similar activity occurred during wakefulness. We encourage Dr. Lewis to reread the paper of White, Langston, and Pedley,¹ in which the authors state that "when epileptiform events occur rarely or infrequently over the anterior temporal regions, there are at present no absolute criteria for differentiating these benign epileptiform transients from epileptiform temporal spikes." In any case, our diagnosis of epilepsy in all these patients was based on both the history of paroxysmal symptoms (not wandering) and the EEG findings.

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1. White JC, Langston JW, Pedley TA: Benign epileptiform transients of sleep: Clarification of the small sharp spike controversy. *Neurology (Minneapolis)* 27:1060-1068, 1977

Corrections

"Sputtering positive potentials in the EMG: An artifact resembling positive waves" by J. B. Pickett and J. W. Schmidley, February 1980, p. 216. Figure 1 should be turned so that the top edge becomes the bottom edge.

"Carnitine palmitoyl transferase deficiency: Myoglobinuria and respiratory failure" by Tulio Bertorini, Yu-Yan Yeh, Carlo Trevisan, Emmanuel Stadlan, Seymour Sabesin, and Salvatore DiMauro, March 1980, p. 265. Figure 2A should be labeled 2B, and 2B should be labeled 2A.

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Correction

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