PostScript

LETTER

Visual broadcast in schizophrenia

Although doctors are trained to classify psychiatric symptoms (for example, as 'delusions' or 'hallucinations') within a standardised mental state examination, it is likely that some symptoms will defy such classification. Hence, if the mental state examination is not supplemented by patients' verbatim descriptions of their experiences, then novel symptoms may go unrecognised and potentially untreated. We have recently cared for a patient whose case reinforces the importance of this point.

A 38 year old man with long-standing paranoid schizophrenia suffered a relapse characterised by prominent auditory hallucinations, persecutory delusions and thought broadcast (the experience that one's own thoughts have become accessible to others). Following admission to psychiatric hospital, he described a previously unrecorded symptom. He explained that he preferred not to bathe because, during bathing, images of his naked body were being transmitted to and *seen* by others. The basis for this belief was an experience during which he became aware of his own visual perceptions diffusing out of his head, so that whatever he saw was simultaneously seen by millions of other people. The experience was not confined to occur during bathing, but the patient was most embarrassed in that situation, hence the symptom became apparent. Examination by an ophthalmologist revealed only mild short-sightedness. No abnormalities were found on clinical examination. Standard blood tests were normal.

The symptom that we describe demonstrates clear similarities with thought broadcast in that the visual images escape passively[1] and are broadcast and shared with others.[2] Hence, our preferred name for this symptom is 'visual broadcast'.

We searched Medline for earlier reports of 'visual broadcast' (1966–2004; terms: 'visual', 'vision', 'perception', 'broadcast' and 'schizophrenia'), but found no related citations. Multiple sources describe thought broadcast,[3] but these do not provide a link with visual perception. The symptom of 'visual broadcast' is not included in standard forms of structured questioning (for example, Present State Examination).[4]

Although 'visual broadcast' is previously unrecorded (as far as we are aware), it is not our intention to report a 'rare' or 'obscure' symptom. Rather, we want to emphasise the importance of listening to patients' verbatim accounts of their psychiatric symptoms. We argue that disorders of the mind can produce diverse and, perhaps, patient-specific symptoms whose essence can only be captured by patients' own descriptions of their experiences.

The identification of 'visual broadcast' in our patient enabled the clinical team to incorporate this knowledge in his management plan. With reassurance, he was able to resume bathing whilst receiving inpatient treatment for acute schizophrenia; his willingness to bathe was also a helpful marker of overall improvement in his mental state.

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BOOK REVIEWS

Attending to the fact—staying with dying

H Elfick, D Head. Jessica Kingsley, 2004, US$14.95, pp 127. ISBN 1843102471

Janet Frame, the great New Zealand writer and poet who died last year, wrote about people who commit suicide: ''It is hard for us to enter/the kind of despair they must have known''. Hilary Elfick and David Head have provided us with a book that allows us to enter somewhat into the world of palliative care and see elements of despair but also of joy, sorrow, relief, confusion, and a whole range of other emotions.

This collection of poems by two people working in very different areas of hospice care illustrates at times quite graphically and almost brutally, but at times quite beautifully, the many facets of what it is like to be in a world with those approaching death. Some of the poems are harsh and almost confrontational, some are gentle and quiet. Individually each poem stands on its own, and collectively they provide a comprehensive and compelling view of the enormity of the range of emotions and experiences as life is ending.

These authors write about their own experiences of witnessing the plight of people approaching the end of their life, but also they seem to manage to get inside the heads of those who are dying. The poems reflect such careful observation that they give voice to those who are dying: ''Don't to talk to me/ when I am curled up crying./Don't ever ask me/to try and explain/… The only way/you'll reach my sadness/is hold me closely/—just now and again'' (*What I meant*). A number of poems illustrate the pain and anguish of grief, but at the same time give comfort by talking about so many aspects of living: ''for what we stitch and weave with love/is always smaller than the love itself'' (*Letting go*). Much of the writing is so exquisitely crafted that it is easy to picture what the poets were seeing: ''I watched the lift of longer hair above your forehead/spiked with sweat into curving thorns'' (*Hair*). ''The centre of your chest is ridges/and furrows pitted and smooth/like Passchendaele grass covering/ shreds of heroes of your youth'' (*Your ribcage*). ''Dreamed-out eyes: one almost, one two-thirds shut'' (*In the viewing room*). Scenes are described that will be easily recognised by those involved in such care but which could be almost shocking to those who are not.

In this world of modern medicine, where so much is focused on the biomedical approach, this book would be a wonderful addition to anyone or to any institution hoping to help people understand what it is to be in the world of the dying. It will be invaluable not only to undergraduate but also postgraduate students of all disciplines who want to try and understand how that world is formed. One of the particular benefits of the book is that there is a complete lack of emphasis on some of the medical or nursing process. This must be a reflection of the experience of the authors who adopt an entirely non-medical approach. One of the poets has worked in hospice chaplaincy for 15 years and the other has been a hospice trustee for 20 years so their combined experience is extensive. They are also acute observers of the human condition. They illustrate the value of learning from those whom they're caring for: ''Alongside your discerning ear my own became attentive./I learned to hear and look and taste, forgot how to evade,/ slipped off the habits that wrapped truth in palatable words.'' (*Elegy for a tutor*).

This is not a book to be read in one sitting. It is a book to be dipped into and returned to again and again. It is a book that the wider public should have access to as it will go a long way to dispelling some of the fears and myths about life in a hospice. Having this book available for patients and families to read should ease and comfort some of those going on that journey toward the end of life. Emily Dickinson wrote: ''Because I could not stop for Death—he kindly stopped for me''. What these authors have done is to provide momentary stops on the journey to look, listen, and feel what it might be like to be dying. It is a wonderful source of illustration, education, and, in a somehow strange way, comfort.

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The Suburban Shaman

C Helman. 142: Double Storey Books, 2004, pp 224. ISBN 1919930767

The Suburban Shaman is the title of a new book of stories by Cecil Helman, family

practitioner, social anthropologist, ex-ship's doctor, researcher, and published writer. It provides the reader with a wonderful magical, mystery tour of stories from his career thus far. It is only available in South Africa at the moment (www.kalahari.net) but available via the usual easy routes in our global world. I am told publishers are sought in the US (likely) and the UK (perhaps).

The book is composed of three parts and these mark the three phases of Helman's expansive career. What are these stories and what or who are they for?

The stories are invariably about patients and memories of patients collected over the last 27 years of clinical practice. There are links and resonances with other works—for example, Dostoyevsky—and this juxtaposition works particularly well when they appear.

The chapters, with almost familiar names, such as ''The Rusty Ark'' and ''Deformation Professionelle'', are mostly short and succinct, not pithy but compellingly thought provoking. The ones I liked best are those mired in what is often the daily grind of general practice, the patient with psychosis (Mrs P), or a lady so bitter from a lifetime of disappointment that she is afraid of yellowing ''An autumn leaf''. The last and poignant chapter, ''The Brass Plaque'', brings the endeavour to a close with the removal of the aforementioned plaque from the front door of his surgery in North London.

It is not all about patients, for example one of the tales is a highly personal tale of the workings of our clinics in the UK. Having fallen, following a hard day's work the author ends up on the opposite side of the fence and the full force of an under-resourced, underachieving National Health Service (NHS) hospital comes down on him like the proverbial ton of bricks. His insights are devastating, powerful, and rather sad, considering that he is a local general practitioner (GP).

I have been in practice myself now for over 20 years and the revelation to me is that many of the patients in the *Suburban Shaman* are instantly recognisable. The grumpy but grand old lady who has seen better times in the days of the Raj, the man who has lost touch with reality, and the sad bereaved old woman should be familiar to those in general practice. Is this so amazing I ask myself, or is there something in these stories that the anthropologist/physician can relate to, in a way that is perhaps unique? Or is it that these are archetypal GP/patient interactions and thus are instantly memorable?

Helman's thematic context is familiar—he has written such narratives before—and the antireductionist, medicine in a crisis flavour is counterbalanced by the wholesome, sometimes utterly real and true to life tales of ''Mr G'' or just plain ''Suzie'' and ''Gladys''. The question is, are these views consciously overstated or do they represent (his) reality?

If I had one comment it would be that the more management or educational side of doctoring is ignored, since these too have their stories and narratives, perhaps illustrating the complexities of how health systems work or do not as the case may be. Reflection in whatever sphere is no bad thing and this may be key learning from such a book as this. Rather than merely emphasise its educational value, I would rather say that the book is a sheer pleasure and I would recommend a slow, deliberate read, preferably while on holiday with all senses suitably relaxed, dimmed and destressed.

Helman's book is a strong addition to a body of work by increasingly high calibre authors who write about medicine from the inside. These include Oliver Sacks and Richard Selzer as well as the relatively new kid on the block, Atul Gawande. All these authors chronicle their lives, and those of patients and their families, as doctor, surgeon, parent, carer, trainee, traveller or just plain observer. Helman's account is always personally deep rooted, intellectual, and instantly understandable.

As I have already stated the book is excellent and will add to the burgeoning (but largely unread?) bookshelf in every medical school labelled ''patient narratives'' to be used in the mandatory medical humanities modules in years to come. It will enable students to learn that medicine is about stories as much as anything else but it will teach them also that it is the seeing, experiencing or just believing those stories that makes them come alive. The book comes about as close as you can get to real embodied experience without actually being there.

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NOTICE

Hacettepe medical humanities student congress

The Hacettepe Medical Humanities Student Congress will be held May 26–27, 2005 at Hacettepe Congress Center in Ankara, Turkey. There will be three conferences on the three main topics of the program. The speakers are pioneers in their subjects. After each conference, the related short communication sessions will begin. We will have 24 presenters at each session. There will be 315 posters for 'Medicine and Art', 96 posters for 'Medicine and History', and 72 posters for 'Man and Medicine'. The best poster in each category will receive an award. During the congress, groups of students and faculty members will perform in concerts and there will be painting and photography exhibitions of the work of students and faculty members.

The Student Congress is the last step of the medical humanities section of the Good Medical Practice Course at Hacettepe. The course was added to the medical curriculum in September 2004. It was designed to rest on a base of communication skills training, and includes sections on clinical skills, physical examination training, ethics, professionalism, medical humanities, medical decision making, evidence based medicine, and clinical visits. The goals of this course are to help the students achieve the skills and attitudes of a good doctor and become competent in caring for and communicating with patients.

It is a vertical program in the first 3 years of a 6 year medical course. It is a small group activity (12–14 students in a group); each group has a tutor and meets one half day biweekly throughout the year.

Each group rotates through the sections of the program. There are appropriate learning activities for each section, appropriate formative evaluations at each step and a summative assessment at the end of each year.

There are three topics: 'Medicine and Art' for the first year, 'Medicine and History' for the second year and 'Man and Medicine' for the third year. In the first year, each student prepares an individual project on literature, music, cinema, drama, dance, opera or sculpture. In the second year, groups of 3–4 students prepare a project on history, religion, belief, law, archaeology, or architecture. In the third year, groups of 3–4 students prepare a project on philosophy, sociology, ethics, biology, sports, genetics, or technology. In the first session of the program at Hacettepe, the concept of medical humanities and examples from related articles are discussed. The students organise the groups and try to find a topic in the first session. Two weeks later, they give their proposals. They then have 2 months to prepare the first reports. At the first report session, they present their projects to their group members (each group consists of 12–14 students) and they all decide which project will be presented as a short communication at the congress; the other projects will be presented as posters. They have another 2 months to prepare final reports. Each project is to be prepared as a portfolio that includes the final project, self-assessment reports of the student, documents and portfolio assessment reports of the students. The congress begins a couple of weeks after the final reports are submitted.

Melih Elcin