July 1984

Letters to the Editor

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Recommended Citation

(1984) "Letters to the Editor," *Jefferson Journal of Psychiatry*. Vol. 2 : Iss. 2 , Article 8.

DOI: <https://doi.org/10.29046/JJP.002.2.008>

Available at: <https://jdc.jefferson.edu/jeffjpsychiatry/vol2/iss2/8>

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LETTERS TO THE EDITOR

We welcome all letters to the editor and encourage authors to reply. Input from residents and faculty on ideas presented in the *Journal* create an arena for discussion and dialogue that is the ultimate purpose of this undertaking. Please send letters to John Matt Dorn, M.D., Chief Editor, The Jefferson Journal of Psychiatry, 1015 Chestnut Street, Second Floor, Philadelphia, PA 19107.

Sir:

It was with great interest that we read the first issue of the Jefferson Journal of Psychiatry. Of all the articles published, we found Dr. Buxbaum's paper particularly stimulating. We agreed with his attempt to increase our interest in the "relationship between olfaction and human sexuality." We think that this can be generalized toward the relationship between olfaction and psychiatry. The disorders of smell have long been neglected by physicians, probably because smell is not as obviously related to cognitive functions as visual or auditory stimulation.

Anosmia, hyposmia and dysosmia (distortion of normal smell) have been reported in the psychiatric literature. These disorders are present, for instance, in patients who receive lithium (1), amphetamines (2), and trifluoperazine (3). Smell is the first sensory system to show decline in the elderly (4). We have been evaluating a patient with a history of affective disorder, not in treatment with lithium, that developed severe sleep related bulimia and simultaneously anosmia.

As animals evolved on earth, the neuronanatomical connections between the olfactory bulbs and the CNS became more complex. In human beings, the olfactory projections go to the old cortex or primitive cortex. The hippocampal formations and the piriform lobe assume "additional functions related to the emotions, including behavior in registering emotions and showing preferences" (5). With this neuronanatomical basis, it is easy to understand the importance of the olfactory system in psychiatry and to agree with most of Dr. Buxbaum's statements.

However, Dr. Buxbaum's psychoanalytical explanations for his patients' symptomatology are unfortunately accompanied by incorrect statements about the anatomy of olfaction. The author says, for instance, "It is also interesting that the tissue covering the middle and inferior turbinates and a portion of the nasal septum is anatomically similar to the erectile tissue of the penis" (Page 4). However, the olfactory neurons, bipolar neurons, have their receptors in the pigmented upper part of the *superior* turbinate, the adjoining nasal septum and the roof in between (5). Additionally, a perusal of the embryology of the nose and the penis does not reveal at all a common origin.

We hope that future research in Thomas Jefferson University related to clarifica-

tion of the connections between olfaction and human behavior do not ignore neurophysiological facts. To paraphrase Sigmund Freud, we could say that sometimes "a nose is just a nose."

G. Nino-Murcia, M.D.
Director, Sleep Disorders Clinic
Stanford University

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Dr. Buxbaum Replies

Sir:

Dr. Murcia's letter in reply to my article "Olfaction and Sexuality" is thought provoking. He expands the subject in the biological direction and points out further information about the role of olfaction in health and disease.

First I would like to reply to the question of anatomical similarities between the olfactory and the male genital apparatus. In the article, I referred to the *tissue* covering the middle and inferior turbinates rather than to the olfactory neurons. This tissue is composed of irregular spaces separated by trabeculae of fibrous connective tissue which contains elastic and muscular fibers not unlike the anatomy of the corpora cavernosa (1). Moreover, the superficial venous plexus over the middle and inferior turbinates consists of cavernous, thin-walled vessels that lack muscular septa but otherwise resemble erectile tissue. There is close resemblance in the regulation of blood flow between the two tissues (2). The nasal cavity is lined with pseudostratified, columnar epithelium, which also covers parts of the urethra, ductus epididymis and ductus deferens. The only difference is that the nasal epithelium is ciliated (3). Embryologically the epithelia of nasal cavity as well as the genital region are derivatives of the outer epithelium of the body which originates from ectoderm (4).

While writing this reply I came upon some interesting observations. Early physiognomists placed much emphasis upon the size and form of the nose as an indication for corresponding peculiarities of the penis. A large and firm nose was viewed as an index of a penis acceptable to women, the elegant and handsome nose as an

incentive to have multiple illicit affairs. Adulterers had their noses amputated for their misdeeds. There were also those who claimed they could diagnose virginity by touching the cartilage of the nose (1).

I do agree with Dr. Murcia that the nose is just a nose, but, as he says, only sometimes. One cannot ignore the symbolic functions of the nose which are clearly reflected in dreams, fantasies and free associations as well as in folklore and history.

Michael Buxbaum, M.D.
Fourth Year Resident in Psychiatry

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Sir:

Thank you very much for the copy of Volume II, No. 1, the *Jefferson Journal of Psychiatry*. It is quite an impressive publication. It is an interesting concept and one we ought to encourage for residents. I am taking the liberty of sharing the Journal with our Committee of Residents to suggest that information about it be included in an upcoming edition of *Psychiatric Residents' Newsletter*. Additionally, it would be useful to share such a publication with medical students, as I think it is excellent both for knowledge enhancement and for the image of the field.

Carolyn B. Robinowitz, M.D.
Deputy Medical Director
Director, Office of Education
American Psychiatric Association

Sir:

Thanks for sending me a copy of the January 1984 issue of *The Jefferson Journal of Psychiatry*. The fact that this Journal is published by the Residency Training Program of the Department of Psychiatry certainly makes it quite special. I shall read the articles at my leisure. I assume that I have your permission to discuss your new venture in psychiatric education in appropriate academic settings.

Melvyn R. Haas, M.D.
Chief
Psychiatry Education Programs
National Institute of Mental Health

Sir:

I wish to express my pleasure in seeing the latest issue of the residents' *Journal*. The improved appearance, though pleasing, is of course not the only source of pride and excitement that you, Dr. Schwartz and the contributors must feel and amply deserve. The papers are of high quality. They are informative, and thought provoking. I particularly enjoyed Dr. Miller's report of the borderline patient and Dr. Buxbaum's "therapeutic guitar" case. However, rather than comment upon individual papers I would like to take this opportunity to make a few general points regarding writing case reports.

(a) Since case reports will be written by physicians in training, the time elapsed between their having seen the patient and writing the report would be relatively small. This has the advantage of the clinical material being fresh in the mind of the writer. However, owing to the group interaction among residents, the same material may be fresh in other minds as well. The patient may thus be readily identifiable. Therefore a greater than usual attempt should be made to disguise the identity of the patient.

(b) Identifying the affiliate hospital by name, in a case report, may raise bureaucratic and legal difficulties. Certain institutions, for instance, do not permit any of their clinical material to be published without their written permission and an explicit statement accompanying the article that the author's views do not reflect those of the institution. Some editorial thought is clearly needed about whether future case reports should include the name of the service where the patient had been hospitalized.

(c) Reference to a social agency or institution in a clinical paper should avoid specifically naming it. This would help maintain ambiguity of the reality circumstances and hence protect anonymity of the patient. It also is a good protective device against potential legal complications that may arise if those social agencies discover their mention in one of our *Journal* articles. This issue may become more significant when the circulation of the *Journal* increases dramatically, as I believe is being planned.

(d) I am fully aware of the fact your *Journal* is a residents' publication. However, customary professional etiquette demands that the authors acknowledge, in a footnote, the supervisor who worked with them on the case being discussed. This will not only be more truthful but go a long way in cementing resident-faculty relationships. This practice may have greater meaning to the clinical and part-time faculty whose labor and devotion to our residents, perhaps, has a tendency to go somewhat less recognized than it should be.

Keeping these suggestions in mind while preparing manuscripts for publication may be useful to your future contributors and may help further streamline your eminently likeable publication. I congratulate you on such a good job.

Salman Akhtar, M.D.
Professor of Psychiatry
Jefferson Medical College
Thomas Jefferson University

We appreciate the cogent comments, and welcome all response that emanates from a spirit of constructiveness. This can only serve to reinforce our attempts to improve the Journal with each issue.

With reference to individual points made above, we recognize with you the importance of hiding the identity of patients as much as is possible for both ethical and legal reasons. We also appreciate the value of refraining from identifying institutions or social agencies without their approval. In regards to the acknowledgment of supervisors, we are grateful to faculty members who have assisted authors in composing their manuscripts. However, we respect the right of each author to make this decision for himself.—Editor

Sir:

Thank you for sending me the resident-produced Journal. I found the article "Misuse of Computers by Adolescents" particularly interesting.

I have believed for a long time that one way for the faculty to encourage critical thinking on the part of the residents is to require them to publish a journal.

I know that the publication of the Journal means a lot of work. But the results justify the efforts. Congratulations.

Joseph S. Gonnella, M.D.
Professor of Medicine and Dean
Jefferson Medical College
Thomas Jefferson University