INTRODUCTION

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The term partial seizures with complex symptomatology is the internationally approved designation for a group of seizures that were observed but were not described in detail nor understood as a disorder of the brain until 100 years ago. Jackson (1899) described olfactory and visual hallucinations and related the seizures to pathologic lesions within the temporal lobe. The many phenomena experinced or exhibited by patients with complex partial seizures (CPS) were referred to collectively as dreamy state, psychic variant or ictal automatisms. In 1937, Gibbs introduced the term "psychomotor seizures" to encompass the psychic and motor manifestations - all of the phenomena comprising CPS (Daly and Penry, 1975).

Belief in an intimate relationship between epilepsy and mental disorders is one of the longest traditions in psychiatry. Slater et al (1963) noted that 55 of their 69 patients with schizophrenia - like psychosis and epilepsy had evidence of temporal lobe focus. (Mackenna, et al 1985).

Data are presented on 24 patients with epilepsy and

psychosis, 17 of them had CPS and a diagnosis of temporal lobe epilepsy (TLE) while 7 cases had generalized epilepsy. An association between nuclear sclizophrenia and a lesion of the left side was noted. Affective disorders were noted in both groups of epileptic patients, although paranoid psychosis were commoner in the temporal lobe group. (Perez, 1985).

The mesiotemporal areas have been implicated in epileptogenesis. Pathologic changes associated with epileptogenesis may thus alter autonomic functions including cardiovascular or respiratory functions, either through interictal loss of function or excessive activity of an area during a seizure (Frysinger and Harper, 1990).