

clining chair facing the examiner. Before commencing the test, he was instructed to respond, as quickly as possible after each word, by pressing a response key upward if the designated letters were present or downward if they were not. The series of words was delivered by the experimenter through a voice-operated relay that placed a positive or negative pulse on one channel of the seven-channel FM tape recorder. The positive or negative signal of the patient's response was recorded on a second channel, permitting the computer to tag and store associated EEG spectra with respect to response latency, direction, and congruence of stimulus and response direction (signaling accuracy). Responses delayed more than 10 seconds were scored as no response. The EEG was recorded on the same tape from standard parietal, occipital, and temporal scalp derivations bilaterally. Total test time was usually 15 to 20 minutes, and subjects showed no tendency to drowse. The output of the tape recorder was monitored by an inkwriting oscillograph (Grass model IV EEG). Trials contaminated by movement or other artifact were deleted when the magnetic tape was analyzed.

The data were processed by a program written to our specifications (7) for the PDP 12 (Digital Equipment). The analog EEG was digitized at a sampling rate of 256 per second. The computer detected and displayed the stimulus, response latency, and response direction and indicated whether the response was correct or incorrect. The accuracy of the program was verified by continuous monitor of the original paper record during the computer display of successive trials. Accuracy of the Fourier analysis was verified by operation of the program on waves of known frequency. One-second epochs of digitized analog data were stored before and after each stimulus and before each response. Following digitization, reaction times were displayed and placement of cursors permitted calling up spectral plots for EEG epochs associated with any single or averaged number of reaction times and for correct, incorrect, or nonresponse trials. Although spectra from all artifact-free trials were included in the sample, actual comparison of spectra was made only between short- and long-latency, correct and incorrect, and no-response trials.

Data from 40 subjects, 18 normal controls (age 18 to 40 years), 12 patients with acute psychoses (age 17 to

35 years), and 10 patients with convulsive disorders complicated by interictal psychiatric disturbance (age 17 to 32 years) have been studied. All but three patients were receiving long-term antipsychotic or anticonvulsive medica-

tions. All patients and subjects were of normal intelligence and had previous routine EEG's in the laboratory. In order to maximize differences, spectra were averaged for the three to four shortest and longest reaction times.

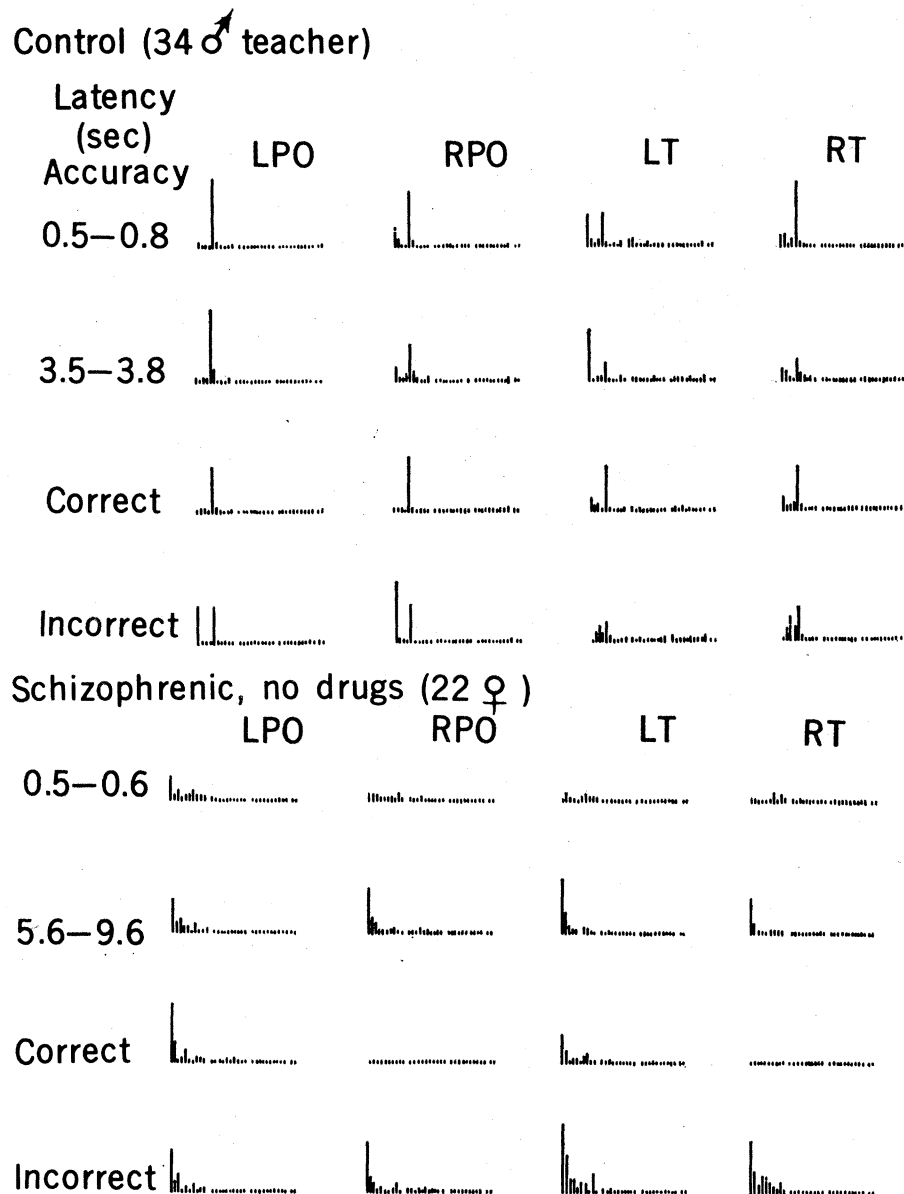


Fig. 1. Prestimulus EEG power spectra from healthy and schizophrenic subjects. Abbreviations are *N*, the number of epochs averaged; *LPO*, left parieto-occipital; *RPO*, right parieto-occipital; *LT*, left temporal; *RT*, right temporal. (Top) Spectra from a healthy right-handed physics teacher display a strong alpha peak from parieto-occipital regions bilaterally during 0.5-second epochs just preceding stimuli with either short or long reaction times ($N = 3$ in both cases). In contrast, a shift to delta frequencies, predominantly over left temporal region, is seen before stimuli followed by long-latency responses. Before stimuli followed by incorrect responses, a shift to delta frequencies is seen in all regions and is maximum in parieto-occipital montages. Correct and incorrect responses ($N = 4$ in both cases) are matched for latency. Responses with short and long latencies are all correct. Each histogram represents relative power as a function of frequency in half-second prestimulus epochs of the EEG. Columns represent 2-cycle bandwidths from 2 to 64 cycle/sec (left to right). (Bottom) Prestimulus spectra from 1-second EEG epochs are given for a woman with acute schizophrenia dominated by visual and auditory hallucinations and marked psychomotor retardation. Spectra from the right parieto-occipital region and both temporal regions for long-latency ($N = 4$) and incorrect ($N = 3$) responses resemble the ramp pattern (Fig. 2). In contrast, irregular or "noise" spectra precede short-latency ($N = 4$) and correct ($N = 3$) responses. Column heights give relative power at 1-cycle bandwidths from 1 to 32 cycle/sec (left to right).

Variability among spectra comprising the average was examined by inspecting superimposed Polaroid photographs of individual samples. In addition to the reaction time study, spectra were calculated during spontaneous episodes of psychomotor blocking for six of the subjects with schizophrenia or epilepsy and were compared with similar samples obtained during normal speech flow.

In a second phase of the experiment, power spectra were calculated for 10 to 20 1-second epochs of scalp or subcortical EEG that were time-locked to remote spike activity but were themselves free of spike activity discernible to the eye. These spectra were computed for three patients with well-localized spike foci, two with intracranial electrodes, and for a cat with a spike focus in the amygdala induced by carbachol. The spectra from EEG's taken from distant scalp sites immediately before and after focal epileptic spikes were compared with control spectra obtained from the same EEG montage but triggered asynchronously with respect to the spikes by an electronic pulse.

Results for the reaction-time and remote-spike analyses were as follows. Comparison of control subjects with the two patient groups demonstrated a wider range of reaction times and higher error rates for individuals with diagnoses of schizophrenia and epilepsy. The range of latencies for controls was 0.3 to 4 seconds, with a mean of 0.9 second and a standard deviation (S.D.) of 1.4 seconds. Comparable figures for psychotics were a range of 0.1 to 9.8 seconds and a mean of 1.38 seconds (S.D., 1.4 seconds). For subjects with epilepsy, reaction times ranged from 0.3 to 10 seconds, with a mean of 1.85 seconds (S.D., 1.6 seconds). The mean error rates were 4.4 percent for control subjects, 8 percent for those with psychoses, and 10 percent for patients with epilepsy.

Shift to lower frequency bands preceded prolonged response latency in half the control subjects and three-quarters of the patients with either seizures or psychosis (Fig. 1). No consistent localization was noted although right and left temporal regions were most often affected. Localized slow

spectra were highly correlated with the site of the epileptic focus in patients with focal seizures and were identified over one or both temporal regions in all patients with generalized epilepsy.

A distinct pattern was shown for scalp or subcortical spectra time-locked to distant focal spike activity, compared with spectra triggered by a random control signal artificially generated between spikes (Fig. 2). A smooth ramp-like decrement in power from low to high frequency (Fig. 2, top row) was obtained by averaging EEG samples that did not show spikes but were coincident with focal subcortical spikes. This ramp pattern was easily distinguished from the irregular configuration for spectral envelopes displayed in averaged prestimulus intervals of most subjects and was not a function of the number of epochs comprising the average. This ramp pattern is consistent with the power spectrum from an epoch dominated by a single high-voltage transient, such as the EEG spike. Even though spikes are not detectable by visual inspection of the EEG from scalp or remote subcortical electrodes, averaging spectra from these areas which are coincident with a recognized spike permits emergence of a characteristic spectral pattern, presumably by volume conduction of inphase, common frequency components and canceling of the background noise of the local EEG.

Using this easily recognized ramp pattern as a template, we then searched through the spectral histograms generated by the PDP 12 from EEG's recorded in relation to the word-press task and psychomotor blocking. Unexpectedly, ramp spectra were identified in the prestimulus interval from subjects with seizure disorders or schizophrenia, but from no control subjects. Nine of the ten subjects with epilepsy had such spectra from at least one pair of electrodes in the prestimulus interval for prolonged or erroneous responses, and three of the twelve individuals with diagnoses of schizophrenia had ramp spectra preceding no-response trials or during psychomotor blocking. The ramp spectra were localized to the scalp region corresponding to the seizure focus in patients with psychomotor epilepsy, and were from a left or a right temporal montage in patients with generalized seizures or with a diagnosis of schizophrenia.

With his usual prescience, Grey-Walter forecast the probability of finding hidden out-of-phase spike activity in

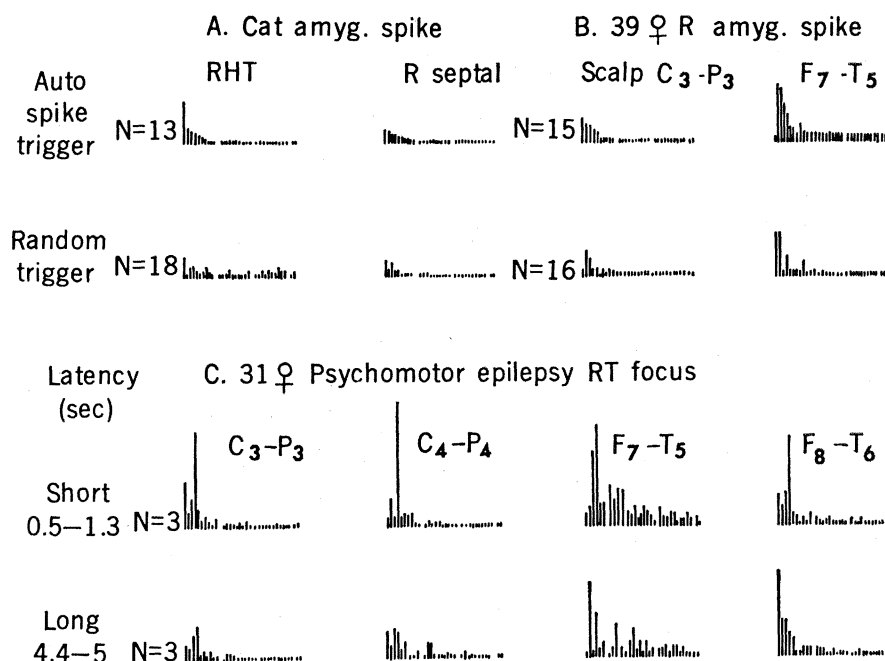


Fig. 2. The ramp configuration in spectra associated with spike activity. Column heights give relative power at 1-cycle bandwidths from 1 to 32 cycle/sec (left to right); N is the number of 1-second epochs averaged. (A) Spectra were computed from the right hypothalamus (RHT) and right septal nucleus (R septal) of a cat with an experimental seizure focus in the right amygdala (amyg.). (B) Power spectra from scalp electrodes on the left side (C_3-P_3 , left central-parietal; F_7-T_5 , left anterior-posterior temporal) were computed for epochs immediately after right amygdala spikes in a woman with psychomotor epilepsy and chronic electrode implants in the amygdala. The ramp configuration is seen in averaged power spectra from 1-second EEG epochs that follow amygdala spikes; no spikes were seen before averaging (A and B, line 1). Spectra associated with random trigger rather than with spikes demonstrate nonspecific noise pattern (A and B, line 2). (C) In power spectra from a woman with psychomotor epilepsy and right temporal (RT) spike focus, the ramp configuration is confined to the right temporal (F_8-T_6) scalp region and is seen only during long-latency responses.

