Four of the 24 published cases of LPTR involved firesetters.[4–7] The subject of one case[7] had kept in memory repeated mild-to-moderate experiences related to various aspects of fire. Just before he set fires, such memories had suddenly been revived by a chance encounter with a highly individualized trigger stimulus, actually or symbolically associated with fire.

LPTR invites future research because of its primate model; its analogy to the experimentally established neurophysiological mechanism of seizure-kindling; its specific 12 interrelated symptoms and signs, strictly determined by 16 inclusion and 13 exclusion criteria (all met by the 24 cases); and its similarity to mesotemporobasal limbic seizures,[7] evoked by direct electrical stimulation of brain implants in presurgery patients. Many more nonfelonious paroxysmal cases with merely socially bizarre misbehaviors may exist undetected (and untreated with antiepileptica) among the general population or among misdiagnoses.

In essence, the central role of memory (in certain cases of LPTR, specifically of fire) is supported by Halgren *et al.*[8] in a neuroanatomic comparison of normal hippocampal functioning of repeated memory updating with hippocampal susceptibility to seizures.[4]

Thus, all LPTR patients were social loners who ruminated on mild-to-moderate stresses related to individual experiences with fire.

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Disclosures of financial or other potential conflicts of interest: None.

Reply

Editor:

We would like to thank Dr. Pontius for her response and contributions to the firesetting literature. Indeed, a comprehensive differential diagnosis for the behavior of firesetting would include partial seizures and epilepsy. Further, there are cases in which arson defendants have been found not guilty by reason of insanity related to epileptic seizures.[1]

Additional Axis III conditions have been associated with firesetting (e.g., stroke, intracranial space-occupying lesions, head trauma, delirium, chromosomal disorders, and metabolic and endocrine disturbances).[2–13] We encourage the consideration of medical and neurologic conditions during firesetting assessments in both forensic and clinical settings.

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Disclosures of financial or other potential conflicts of interest: None.

Editor:

Obtaining collateral information is an integral component of the psychiatric assessment. Current American Psychiatric Association (APA) guidelines recommend acquiring such information, particularly in cases in which "patients have impaired insight, including when patients have substance use disorders."[1] The Internet may serve as an important source of collateral information.[2] One readily available resource that can influence treatment planning is patients' criminal case records, which are publicly available online in many states and can be easily accessed by clinicians.

Accessing patients' criminal records via the Internet can provide clinically significant information. Such sites may provide details relevant to clinical concerns, ranging from prescribing controlled substances, to uncovering a history of drug-related crimes in patients with substance abuse disorders, to performing a more comprehensive risk of violence assessments on patients found to have histories of assaults or other violent crimes.

The ethics of using the Internet to search for patient information has been explored by other authors,[3] and important questions remain, including the optimal manner in which such information ought to be integrated into the clinical encounter: should patients be told about the results of searches performed on them? Should the results of a search be documented in the clinical record? Furthermore, psychodynamic factors informing such searches, including voyeurism, should be considered, and clinicians should be mindful of countertransferential enactments—namely, assuming the role of detective as opposed to that of psychiatrist. The aforementioned complexities inherent in performing such searches should not, however, prevent psychiatrists from using potentially important data.

Historical information about patients has traditionally been obtained primarily through the psychiatric interview. However, patients, for various reasons, may be reluctant or unwilling to provide data about their criminal history that nonetheless may be of vital importance to treatment planning and risk assessment. Online state legal records provide an easily accessible and readily available adjunctive source of information that may prove useful in the management of such patients.

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Disclosures of financial or other potential conflicts of interest: None.