

Amnesia in fugue states – neurological or psychogenic basis

SIR: I read with interest the well presented case report on psychogenic amnesia by Kapur (*Journal*, December 1991, 159, 872–877), in which the author made a thought-provoking suggestion to study the cognitive aspects of memory problems in psychogenic amnesia.

The public events scale proposed by the author would require people under stress enough to cause a fugue to keep in touch with everyday events, which may not be realistic in every case. Also, the fact that the patient was a psychology graduate was not taken into account while carrying out the tests, especially as he may have been acquainted with them. It would have been more interesting and appropriate to compare the author's case with patients who presented as psychogenic amnesics, but were discovered to have neurological causes rather than neurological disorders with an amnesic syndrome.

I enjoyed the summary of the differences in memory loss in different conditions, but could not help feeling that the detailed history obtained on the second presentation could have avoided the invasive investigations done on this young man. It also stressed the importance of a detailed psychiatric history and treating the patient on a holistic basis rather than only ruling out an organic basis.

HEM PHATERPEKAR

Mossley Hill Hospital
Park Avenue
Liverpool L18

The distorting influence of time

SIR: The intriguing article by Förstl & Beats (*Journal*, March 1992, 160, 416–418) demonstrates once again how the study of history may help keep us from inventing the wheel over and over. However, their article also illustrates the distorting influence of time. Following Enoch & Trethowan (1979), the authors state that it was Jules Séglas who first used the term "Cotard's syndrome". Yet, honour to whom honour is due, rather than Séglas, it was Emmanuel Régis who coined the eponym (Séglas 1987, p. 13).

Jules Cotard (1882, pp. 169–170) described the *délire des négations* as a severe type of depression, which was characterised by nihilistic delusions. One purpose of his description was to differentiate the *délire des négations* from the *délire des persécutions* (persecutory delusions). The syndrome described by Cotard (1880, 1882) comprises seven symptoms: mood disorder, nihilistic delusions, delusions of immortality, depressive delusions, changes of sensibility hallucinations, and negativistic behaviour. The

nihilistic delusions are characterised by a denial of self-existence or the existence of others on a psychological, social, or metaphysical level. The delusions of immortality are accompanied by the dreadful feeling that one will never be able to die. The dreadfulness of immortality has been magnificently depicted by Simone de Beauvoir in her novel *Tous les Hommes sont Mortels*. These delusions of immortality may be associated with the delusion of enormity, i.e. the idea that one is infinitely large in space or infinite in time, that one is already thousands or millions of years old (Ladee, 1966). In his original 1882 description Cotard did not mention this type of delusion and he added it in 1888 (Séglas, 1897).

According to Cotard, the syndrome was an end stage of a process with depersonalisation as a starting point. Following Falret, Cotard spoke of *hypochondrie morale* (1882, p. 159). Consonant with Cotard's view and our concept of a continuum of experiences or inappropriate familiarity (Sno *et al.*, 1992), it does not seem irrational to place nihilistic delusions on a continuum of experiences of inappropriate unfamiliarity. This continuum is based on the severity of the disturbance of reality testing, as measured by its intensity, duration and pervasiveness. It ranges from *jamais vu* and depersonalisation to nihilistic delusions.

It was Séglas (1897) who distinguished complete and incomplete forms of the syndrome. In this context, it is noteworthy that none of the 11 patients described by Cotard exhibited all the seven symptoms. Four of the nine patients with nihilistic delusions also had delusions of immortality. Apart from reduplicative paramnesia, the patient described by Bonnet only manifested a nihilistic delusion, i.e. that she was dead and should be buried. Consequently, she exhibited the Cotard's syndrome in its incomplete form. These incomplete forms of the syndrome occur much more frequently than the complete form, which is rather rare (Ladee, 1966). This and the Bonnet's description corroborate our aversion to the use of eponyms in medicine. If and when one insists on using the eponym Cotard's syndrome or symptom, it seems appropriate to reserve it for specific cases where nihilistic delusions are associated with delusions of immortality.

COTARD, J. (1880) Du délire hypochondriaque dans une forme grave de la mélancolie. *Annales Médico-Psychologiques*, 38, 168–170.

— (1882) Du délire des négations. *Archives Neurologiques*, 4, 152–170 and 282–296.

ENOCH, M. D. & TRETOWAN, W. H. (1979) *Uncommon Psychiatric Syndromes*. Bristol: Wright.

LADÉE, G. A. (1966) *Hypochondriacal Syndromes*, pp. 25–26. Amsterdam: Elsevier.

SEGLAS, J. (1897) *Le Délire des Négations*. Paris: Masson.

SNO, H. N., LINSZEN, D. H. & DE JONGHE, F. (1992) Déjà vu experiences and reduplicative paramnesia. *British Journal of Psychiatry* (in press).

HERMAN N. SNO

*Academic Medical Centre
Meibergdreef 9
1105 AZ Amsterdam
The Netherlands*

Iron Maiden's déjà vu

SIR: Sno, Linszen and de Jonghe have reviewed a number of descriptions of déjà vu in poetry and literature (*Journal*, April 1992, 160, 511–518). There is another particularly striking example. It is the song entitled “Déjà-vu” by Dave Murray and Steve Harris (1986) from the album *Somewhere in Time* by the rock group Iron Maiden. It vividly illustrates many of the points made by Sno *et al* in their article. The song gives an accurate phenomenological description of déjà vu. It implicitly suggests reincarnation as an explanation and it refers explicitly to precognition (“And you feel you know what’s coming next”) and to feelings of depersonalisation (“And you feel that this moment in time is surreal”). The full lyrics are reproduced here with the kind permission of Iron Maiden Publishing (Overseas) Ltd, administered by Zomba Music Publishers Ltd.

“When you see familiar faces
But you can’t remember where they’re from
Could you be wrong?

When you’ve been particular places
That you know you’ve never seen before
Can you be sure?

‘Cause you know this has happened before
And you know that this moment in time is for real
And you know when you feel déjà-vu.

Chorus:
Feels like I’ve been here before (rpt. four times)

Ever had a conversation
That you realise you’ve had before
Isn’t it strange?

Have you ever talked to someone
And you feel you know what’s coming next
It feels pre-arranged.

‘Cause you know that you’ve heard it before
And you feel that this moment in time is surreal
‘Cause you know when you feel déjà-vu.

Chorus

Sno *et al* suggest that psychiatrists “should be encouraged to overstep the limits of psychiatric literature and read literary prose and poetry as well” because “novelists and poets excel in [the] ability to depict subjective experiences”. While agreeing with this point of view, I would go further. Literature and

art are capable of eliciting an *emotional* response in the person who experiences them. This can lead to a far deeper empathic or subjective understanding of an experience than is possible from a scientific description. Wide reading and exposure to the arts enables us to share, if only partially and incompletely, the experiences of our patients. We can understand them better, not just at an intellectual level, but as people like ourselves.

BILL PLUMMER

*Mental Health Advice Centre
8 Radnor Park Avenue
Folkestone
Kent*

Hypnotised lobsters

SIR: With great interest I read Henry Rollin’s column: “A Hundred Years Ago” in the January 1992 volume of the *Journal*.

Most readers will no doubt consider the tale of The Hypnotised Lobster a droll little piece demonstrating the gullibility of our forebears. By sheer chance, however (or was it some form of Jungian synchronicity?), I had two days earlier chanced upon a description of the technique required to hypnotise a lobster. It comes from a book written by an acquaintance of mine and tells of his 12-year-old son entrancing the still-living ingredients of the family dinner while aboard their yacht. In the interests of extending the mesmeric repertoires of your readers, I quote the relevant passage.

“Lobster for dinner. While the water boiled, Mark hypnotized the lobsters, which makes the dinner party much more comfortable for the lobster. He held each lobster upside down, with the pincers and head on the cockpit seat. Then he slowly stroked them, moving his fingers upward along the back and over the curve of the tail. In a matter of minutes, he had all eight lobsters, standing on their heads, blissed out, motionless, entranced.

We popped them into the boiling water, and they were dead and cooking before they even awoke”. (Cameron, 1991)

Should anyone doubt the veracity of this story I would add that the book contains a photograph showing the crustaceans neatly arrayed on their heads, awaiting their moment of destiny.

CAMERON, D. (1991) *Wind, Whales and Whisky. A Cape Breton Voyage*. Toronto: MacMillan Canada.

SIMON A. BROOKS

*Suite 511
Bedford House
1595 Bedford Highway
Bedford NS
B4A 3Y4, Canada*