

million, the correct rate is 103 per 100 000 population.

**Salize, H. J. & Dressing, J. (2004)** Epidemiology of involuntary placement of mentally ill people across the European Union. *British Journal of Psychiatry*, **184**, 163–168.

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### Dissociative symptoms after plague in the 15th century

Accounts of the post-traumatic reactions to plague, particularly in the Renaissance era, are scarce; here is an example in the form of Ibn taghri birdi writing about a funeral during the plague epidemic of 1429 in Cairo.

‘The child of an individual in our service named Shams ad-Din adh Dhahabi died, and we went out with him to the oratory; the boy was less than seven years old, and when we set him down to pray over him among the dead, a large number of others were brought, until their numbers

went beyond counting. Then prayer was said over them all, and we went to take up the dead boy but found that someone else had taken him and left to us another one of about the same age. His family took him up but did not become aware of it; I, however, perceived this and told a number of others; but we did not inform his parents of it and said: Perhaps the one who took him will give him the best interment; there is no profit in talking about it – there would be only an increase in grief. But when the boy had been buried and the proprietors of the funeral office took up the bier they cried out and said, “This is not our bier; this is an old one and its furnishings also are worn out”. I advised them to be silent, and then one of the mamluks threatened to beat them; then they took it and went away. This occurrence was a strange and distressing one’ (Dols, 1977: pp. 241–242; Gottfried, 1983: p. 39).

This is a remarkable early historical example of dissociative symptoms as a result of psychological trauma due to a medical condition. The above symptoms clearly accord with criterion B in DSM–IV

for acute stress disorder (American Psychiatric Association, 1994). Most accounts of dissociative symptoms as a result of psychological trauma are from the 20th century (Jones *et al*, 2003). It is interesting to see that in comparison with the modern era, dissociative symptoms as a result of traumatic events are still far less common than hyperarousal symptoms, which are much better recognised.

**American Psychiatric Association (1994)** *Diagnostic and Statistical Manual of Mental Disorders (4th edn)* (DSM–IV). Washington, DC: APA.

**Dols, M. (1977)** *The Black Death in the Middle East*. Princeton, NJ: Princeton University Press.

**Gottfried, R. (1983)** *The Black Death: Natural and Human Disaster in Medieval Europe*. New York: Free Press.

**Jones, E., Vermaas, R. H., McCartney, H., et al (2003)** Flashbacks and post-traumatic stress disorder: the genesis of a 20th-century diagnosis. *British Journal of Psychiatry*, **182**, 158–163.

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## One hundred years ago

### Pyromania, a psychosis of puberty

IN the *Archives de Neurologie* for December, 1904, Dr. Raoul Leroy, assistant physician at the Evreux Asylum, refers to the medico-legally important subject of pyromania in young persons of both sexes, a form of mental disorder which leads to acts of incendiarism. “Whenever reported fires occur,” he says, “in a village or in the country suspicion generally falls on persons of incomplete mental or physical development – weak-minded youths or girls – among the inhabitants and it generally proves to be well-founded.” The mental state of such incendiaries, says Dr. Leroy, is peculiar and characteristic. They are weak-minded and are often members of families in which epilepsy, insanity, or alcoholism occurs. Reference is made to the fact that among the peasant population of Normandy, where alcoholism prevails to a high degree, juvenile crimes of the nature of incendiarism are common. These

feeble-minded delinquents are prone to set fire to buildings or other objects in revenge against their owners or in some cases merely to amuse themselves with the spectacle. A few cases, says Dr. Leroy, suffer from the influence of an obsession which irresistibly impels them to such acts, such cases forming a special form of insanity to which the term “pyromania” is applied. True cases of pyromania manifest themselves for the first time at the period of puberty. The following typical case is given in illustration of this affection. The patient or culprit in this case was a girl, aged 15 years, a domestic servant, who on three separate occasions had set fire to the house of her master. She was the child of respectable parents and at first no suspicion was entertained of her but on being questioned before the police at the third outbreak of fire she showed much agitation and finally confessed her guilt. “When she had stated the facts fully and was asked if she realised the wickedness of her crime,” she replied,

“Something supernatural urged me to set the place on fire.” Although she was reasoned with and her wrong-doing demonstrated in the clearest manner “she remained unshakable and invariably repeated the same words in justification.” She had no reason to hate her master, there was no motive whatever of vengeance that impelled her, only a presumably morbid impulse. The medico-legal inquiry revealed the fact that a highly neurotic hereditary taint existed in the family; the grandfather was a man of excessively violent disposition, a first cousin was liable to periodic attacks of insanity during which he wandered about, the grandmother committed suicide at the age of 63 years, and the patient’s mother was a very nervous, emotional, weak-willed woman afflicted with coxalgia. The patient herself was a child of but little intelligence and never could read and write correctly. Her character was excitable, violent, and impulsive, with a total lack of good judgment. At the age

of 13 years she developed nocturnal somnambulism, walking all over the house in her sleep and having no recollection of it in the morning. The menstrual periods, which set in at the age of 15 years, were attended with headache, insomnia, and great nervous prostration. On one such occasion she had a hallucination that her bed was surrounded by flames and this was the starting point of her obsessions. Almost daily after this she felt the sudden morbid impulse to set something on fire. It grew stronger though she struggled against it, suffering great mental and

physical distress in the process. The morbid obsession occupied her mind to the exclusion of all other ideas and caused such distress and agony that she could resist no longer. Taking a lighted taper she set fire to a packet of waste paper. This was followed by instant relief of distress and an agreeable feeling of satisfaction. These obsessions occurred from time to time and on three such occasions she set fire to outbuildings and parts of her master's house. The medical evidence taken before the magistrate in the trial of this patient showing the occurrence of insane impulses the

patient was removed to the asylum. Dr. Leroy concludes that the morbid heredity on both paternal and maternal sides resulted in a brain liable to disorder and readily provoked to morbid impulse (in this case pyromania) on the occurrence of the stresses of puberty, a critical time in mental development.

#### REFERENCE

*Lancet*, 4 March 1905, 583–584.

Researched by Henry Rollin, Emeritus Consultant Psychiatrist, Horton Hospital, Epsom, Surrey

## Corrigendum

Occult suicidality in an emergency department population. *BJP*, 186, 352–353. The last sentence of the Discussion (p. 353)

should read: Any prospective screening for psychopathology in the emergency department should make provision for

discovery and treatment of suicidal individuals.