a viral encephalitis, among other things, was suspected. A comprehensive neurological workup was negative, and the stupor resolved with time and supportive care. However, the patient was re-admitted at the age of 14 years to a psychiatric service under my care, clearly exhibiting signs of classic mania. During a prolonged hospital stay, the clinical state changed to a depressive stupor, resolving quickly with the use of electroconvulsive therapy. The patient eventually left hospital and was stable on lithium, although he had subsequent re-admissions in the following years. There was a strong family history for affective disorder. The results of the dexamethasone suppression test would have been interesting; however, the test had not been adapted for use in psychiatry as yet.

LORNE B. WARNEKE

301 Harley Court, 10045
111 Street
Edmonton
Alberta
Canada T5K 2M5

Reference

WARNEKE, L. A. (1975) Case of manic depression illness in childhood. *Canadian Psychiatric Association Journal*, **20**.

Multiple Personality Disorder

SIR: Fahy's thorough review of the literature on multiple personality disorder (MPD) (*Journal*, November 1988, **153**, 597–606) reveals an ambivalence which makes us wonder whether the author has actually recognised and treated MPD cases. He acknowledges the fact that typical MPD symptoms such as psychogenic amnesia and alterations in behaviour, attitudes, and taste are presented before contact with a clinician is established and before hypnosis is used. He correctly criticises claims that MPD is an iatrogenic disorder. Yet, referring to the rise and fall of hysteria at the end of the 19th century, he downplays its existence as a separate syndrome. He states that supporters of the diagnosis point to the wide distribution of cases in time and place, but that this distribution no longer extends outside the USA.

Dr Fahy's historical review overlooked an important European source. A century ago, the French psychiatrist Pierre Janet conducted a series of careful clinical studies on hysteria (Janet, 1889, 1901, 1907). He regarded hysteria as a broad class of mental disorders which had a dissociative foundation in common, and were in many cases related to traumatic experiences. Hysteria included somatisation disorder, conversion disorder, psychogenic amnesia, psychogenic fugue, MPD, and certain other syndromes with predominant dissociative features. Characterising MPD as having distinct alter-personalities with their own sense of self and their own life history, and having different patterns of amnesia between these personalities, Janet clearly regarded MPD as a separate syndrome.

As Dutch clinicians working in a psychiatric outpatient clinic, we are currently treating 15 MPD patients, and in consultation and diagnostic interviews we have seen many more. In conformity with the findings of American research studies, all of these patients had a severely traumatised childhood, had been known to psychiatry for many years under widely divergent diagnoses, and had not benefited from conventional treatment approaches. In our experience, they generally respond favourably to MPD-specific treatment. MPD is clearly not an American disease, but our American collegues are worthy of our praise for refocusing attention on a disorder which has not had a fair chance in psychiatry.

We agree with Dr Fahy and others that DSM–III and DSM–III–R criteria for the diagnosis of MPD are vague, especially with regard to the definition of personality. Many of the patients to whom we would give the DSM–III–R diagnosis of 'dissociative disorder not otherwise specified' are perhaps seen as MPD cases in the USA. A more rigorous set of diagnostic criteria is urgently needed. Although MPD often coexists with other Axis I and Axis II disorders, we disagree with Dr Fahy's conclusion that MPD has arbitrarily become the primary diagnosis and that MPD symptoms do not justify a final diagnosis. The most important reason for giving the MPD diagnosis priority is that in otherwise intractable cases, apt treatment can be provided.

ONNO VAN DER HART
SUZETTE BOON

Regional Institute for Ambulatory Mental Health Care Z/NW
PO Box 71505
1008 DA Amsterdam
Netherlands

References

JANET, P. (1889) *L'Automatisme Psychologique*. Paris: Alcan. Reprint: Societe Pierre Janet, Paris, 1973.

—— (1901) *The Mental State of Hystericals*. New York & London: G. P. Putnam's Sons. Reprint: University Publications of America, Washington, DC, 1977.

—— (1907) *The Major Symptoms of Hysteria*. London & New York: Macmillan. Facsimile of enlarged 1920 edn: Hafner, New York, 1965.

Lofepramine-induced hyponatraemia

SIR: We would like to report a 74-year-old spinster who developed hyponatraemia while receiving lofepramine.