

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.

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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.