

25% of PhD psychologists use techniques that increase the risk of memory suggestion.

We have noted that there is a distinction between the claims of recovery of a memory of a single event and the claims of recovery of many memories of hundreds of events extending over long periods of many years. The reports that have been received by the False Memory Syndrome Foundation generally include claims that a person has recovered many memories of numerous events that took place over many years after total amnesia for all these events. Such claims represent a new kind of phenomenon. In 1989 Briere introduced a new mental mechanism that he said was only recently discovered and causes patients to become completely amnesic and suffer the "complete loss of childhood sexual abuse memories" (p. 49). Extraordinary claims deserve extraordinary evidence. Without such evidence, such claims must be taken with scepticism.

The position of the Foundation has always been that whether they are continuous or recovered, some memories are true, some a mixture of fact and fantasy and some are false. The problem is to know the difference.

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POOLE, D., *et al* (1994) Psychotherapy and the recovery of memories of childhood sexual abuse: US and British practitioners' opinions, practices, and experience. *Journal of Consulting and Clinical Psychology*, **63**, 426–437.

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neighbours. Cognition was globally impaired (Mini Mental State Examination 13/30). Physical examination revealed only impaired visual acuity. Investigations were normal. Sulpiride (100 mg per day) was commenced but the patient soon became drowsy and showed marked stiffness and cogwheeling. She became immobile, uncommunicative and doubly incontinent. The sulpiride was stopped and a diagnosis of "probable dementia with Lewy bodies" was made (International Workshop on Dementia with Lewy Bodies, 1996, in press). Procyclidine was commenced and gradually increased to 10 mg t.d.s. but rigidity steadily worsened. The patient was frightened, screaming at times, hardly ate and required intermittent intravenous hydration. Eleven weeks after stopping the sulpiride, baclofen was started and cautiously increased to 15 mg t.d.s. while procyclidine was reduced and stopped. (Baclofen may itself exacerbate psychosis and confusion.)

Two weeks later Mrs T. was much more settled, with no signs of distress. Her affect was reactive, while verbal communication and oral input improved markedly. Stiffness gradually resolved and mobility improved. In another patient with LBD we have again found that baclofen was far more effective than procyclidine in reducing stiffness. Baclofen may therefore be useful in the treatment of rigidity associated with diffuse Lewy body dementia, and merits further evaluation. (Acknowledgement: Thanks to Rodney Walker for his advice.)

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Baclofen therapy for rigidity associated with Lewy body dementia

SIR: Lewy body dementia (LBD) often shows a marked sensitivity to neuroleptics (McKeith *et al*, 1992). Anticholinergic agents used to treat extrapyramidal side-effects of these drugs are often unsuccessful in LBD and can exacerbate confusion and psychosis. We report a case of LBD with severe extrapyramidal rigidity who responded well to treatment with baclofen, a γ -aminobutyric acid agonist.

Mrs T., a 90-year-old widow, was admitted with a two-year history of memory loss. Distressing visual hallucinations included "a baby monkey with a long tail". She had become disoriented and repeatedly and inappropriately telephoned her

An atypical case of parasuicide or 'bradysuicide'

SIR: The term parasuicide refers to a non-fatal deliberate act of self-injury or ingestion of substances in excess of normally used doses.

A 35-year-old kindergarten teacher, who had a past history of sedative overdose, became depressed upon her father's death and decided to end her life

by contracting AIDS by marrying a man who was suffering from the disease. She refused to allow her husband to use a condom and had unprotected sex for a year. After about a year of marriage she became pregnant and quite suddenly developed a desire to "live for my child". She now requested that her husband use a condom. After her delivery she and her son have remained negative for HIV.

Since parasuicides are usually acute events, to describe this case as a parasuicide does not appear to be a satisfactory description. Perhaps the term 'bradysuicide' (from the Greek, brady=slow) would convey the unusual aspects of this case better. This term may be defined as repeated and deliberate acts

of risk-taking behaviour with the intention of self-injury and which, if persisted in, over a period of time would gradually result in death or self-harm. By including the intention to harm oneself in the definition, other repeated acts such as substance and alcohol abuse or cigarette smoking, which may also result in self-harm, are excluded.

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ONE HUNDRED YEARS AGO

Kleptomania

The wealthy American lady, Mrs Castle, recently tried at Clerkenwell, and sentenced to three months' imprisonment in spite of Sir Edward Clarke's defence, has been set at liberty, but at what cost of mental anxiety to herself and to her unhappy friends. At the trial it was conclusively proved that she had no need for the articles stolen, and that her past history showed similar aberrations. Drs Savage and Gabriel are reported to have stated in court, *after she pleaded guilty*, that "she was suffering from disorders which had so mentally affected her as to render her not responsible for her actions." Is there not something very much amiss in this procedure? Is it seemly that any person should be found "guilty," and immediately thereafter, evidence should be led to mitigate or nullify the sentence? The late Committee on Criminal Responsibility

appointed by the Medico-Psychological Association excluded minor offences from their consideration; but the matter cannot rest while such cases as this recur from time to time. Is there any reason why the victims of mental disease should not be dealt with as insane offenders, why some such procedure as is prescribed by the Scottish Lunacy Act for 1862 (Sect. 15), should not be made generally applicable? By that enactment the Sheriff can, if satisfied, order and delivery of the sufferer to a friend or relative for the purpose of proper care and treatment; and thus in open court or *in camera* obviate the scandals following upon such incidents as we now mention.

Reference

Journal of Mental Science, January 1897, 208.

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