Fleminger's assumption that hyperactive subtypes are among the most stressful confusional experiences because of the possible persistence of memories of perceptual disturbances beyond the full recovery of consciousness and arousal, and beyond the normalisation of the sleep–wake cycle. But it remains unclear what factors are associated with such persistent difficulties in overcoming the dream-like experience. We hypothesise that they could be related to the implication of some specific neurobiological pathways, but their potential relationship with some premorbid personality traits should also be explored. Finally, as long as the pathophysiology of delirium is poorly understood, research into biological markers such as cerebrospinal fluid levels of neuropeptides (Broadhurst & Wilson, 2001) should be correlated to all different aspects of delirium phenomenology.

Broadhurst, C. & Wilson, K. (2001) Immunology of delirium: new opportunities for treatment and research. *British Journal of Psychiatry*, **179**, 288–289.

Camus, V., Burtin, B., Simeone, I., *et al* (2000) Factor analysis supports the evidence of existing hyperactive and hypoactive subtypes of delirium. *International Journal of Geriatric Psychiatry*, **15**, 313–316.

Chaslin, P. (1892) La confusion mentale primitive. *Annales Medico-Psychologiques*, **16**, 225–273.

— (1895) *La Confusion Mentale Primitive. Stupidité, Démence, Aiguë, Stupeur Primitive*. Paris: Asselin et Houzeau.

Fleminger, S. (2002) Remembering delirium. *British Journal of Psychiatry*, **180**, 4–5.

Lasegue, C. (1881) Le délire alcoolique n'est pas un délire mais un rêve. *Archives Générales de Médecine*, **80**, 5–28.

Philpott, R. (2002) Confusion. *British Journal of Psychiatry*, **180**, 467.

Regis, E. (1911) La phase de réveil du délire onirique. *L'Encephale*, **6**, 409–419.

V. Camus Consultations-liaison de Psychogériatrie, Nes-03, CH 1011, Lausanne, Switzerland

Psychiatry in China

In response to Lyons (2001) and Kumar (2000), I have been working on the research of *Qigong*-related mental disorder and culture-bound syndrome in China for over a decade and I feel it is unfair for psychiatry in China to be represented by their remarks. I would argue that it is the misuse of *Qigong*, rather than misuse of psychiatry, that is at issue in China, according to my experience of research of *Falun Gong*-related mental disorder and culture-bound syndrome (Shan *et al*, 1987, 2000; Shan, 1999). Some of the reports about the abuse of psychiatry in China are based on political issues and lack any awareness of academic research and study in China. In fact, *Qigong* was misused in China, and the patients and practitioners who suffered with *Falun-Gong*-related mental disorders need to be treated in psychiatry. I must call for more experts in psychiatry and in the World Psychiatric Association to pay attention to the research of *Qigong*- and *Falun-Gong*-related mental disorders.

Kumar, S. (2000) International concern grows over psychiatric abuses in China. *Lancet*, **356**, 920.

Lyons, D. (2001) Soviet-style psychiatry is alive and well in the People's Republic (letter). *British Journal of Psychiatry*, **178**, 380–381.

Shan, H. (1999) Clinical diagnoses and Qigong-induced mental disorder (in Chinese). *Chinese Journal of Nervous and Mental Diseases*, **25**, 180–189.

—, Yan, H. J., Xu, S. H., *et al* (1987) A study of the clinical phenomenology of mental disorders induced by *Qigong* (in Chinese). *Chinese Journal of Nervous and Mental Diseases*, **13**, 266–269.

—, Tao, M. Y. & Yu, Y. P. (2000) *Falun Gong*-related mental disorders (in Chinese). *Journal of Clinical Psychological Medicine*, **10**, 345–347.

H. Shan Shanghai XuHui Mental Health Center, No. 249, LangHua West Street, Shanghai 200232, People's Republic of China

One hundred years ago

Amaurotic family idiocy

Amaurotic family idiocy is a rare condition which has been observed in Jewish children. It was first described in 1871 by Mr. Waren Tay; since then about 68 cases have been recorded. In the *New York Medical Journal* of July 12th Dr A. Hymanson has published the following case. A male infant whose parents were Russian Jews appeared normal until the eighth month, when he ceased to take any interest in his surroundings. He would not raise his head and made purposeless movements of the limbs. The head was large, measuring 19 inches in circumference. The fontanelles were prominent and widely open, but at the age of 10 months they were gradually closing. At the age of 15 months he could not hold his head up; it was usually thrown backwards. He was very anaemic, his muscles daily became weaker and more flabby, and spontaneous movements gradually ceased. He had a vacant look and seemed to see light but did not recognise his parents. He seemed to be deaf but became frightened when anyone knocked at the door. During sleep the eyes and mouth were wide open. The pupils were slightly contracted and did not react to light. The fundi showed changes exactly similar to those described by Mr. Waren Tay. Corresponding to the macula lutea of each eye was a large bluish-white spot about twice the size of the optic disc. At its centre was a brownish-red circular dot. The optic discs were in a state of grey atrophy and the calibre of the vessels was markedly reduced. The child died at the age of 19 months. Two weeks before death there was great anorexia. He was much emaciated, could hardly move his limbs, and had gluteal bed-sores. The temperature was subnormal, 97.5° to 98° F. A necropsy was refused. Of the 68 recorded cases 40 are known to have been fatal: the result in the others is unknown. The family predisposition is shown by the fact that 28 cases occurred in 18 families. 30 cases were observed in America, 11 in England, 14 in Germany, and the remainder in other countries. The necropsies have not shown any abnormality in the form or structure of the cerebral convolutions. Thus the etiology and pathology are unknown. The chief clinical features are idiocy, weakness of all the muscles terminating in paralysis, gradual loss of sight, characteristic changes in the macula lutea, marasmus, and death at the end of the second year.

REFERENCE

Lancet, 23 August 1902, p. 519.

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

https://doi.org/10.1192/bjp.181.3.257-a Published online by Cambridge University Press