

psychiatric reactions to gabapentin and only one other report of hypomania.

The drug company advises daily incremental doses until the patient is on a minimum maintenance dose. We suggest that this advice be viewed more cautiously in patients with a past psychiatric history of mood disorder or psychotic disturbance.

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#### Schizophreniform psychosis after stage hypnosis

SIR: I wish to report a case of schizophreniform psychosis which developed in a man with no previous psychiatric history after he was the subject of stage hypnosis.

A 25-year-old man attended a performance by a well-known stage hypnotist. He volunteered for hypnosis and 'performed' in front of the audience. The next day his girlfriend described him as 'giggly' at a meeting at work where the possibility of redundancy was being discussed. He complained of headaches. A day later at the theatre he laughed inappropriately throughout the show and over the next three days he developed auditory hallucinations and believed that he was being told what to do. He became very frightened and believed that he was going to die and became quite angry and verbally aggressive towards his girlfriend. He began to emulate his girlfriend's movements and would not let her out of his sight. He had ideas of reference, for example believing that blinking meant something significant to him.

He was admitted informally to an acute psychiatric ward nine days after the stage show. History revealed no evidence of past psychiatric illness. Mental state examination at the time showed evidence of paranoid ideation, ideas of reference and auditory hallucinations in the second person. A diagnosis of an acute schizophrenic episode was made and he was treated with chlorpromazine 100 mg t.d.s. reducing to 150 mg daily over a 3 week period.

He was followed up by a community psychiatric nurse and in the out-patient department where he made a slow recovery, and his medication was tailed off over a period of six months. However, he continued to be very wary about what he watched on television and he described feelings of foreboding on walking past churches. Two months later he had become increasingly perplexed and his chlorpromazine was restarted. Shortly after this he saw a

show on television featuring the same stage hypnotist who had hypnotised him and he became quite paranoid, believing that the behaviour of characters in a television soap opera were giving him messages by their behaviour and reading significance into the numbers in the lottery which he felt related in some way to the 'count' after his hypnosis. He was treated with increased doses of chlorpromazine.

Although the psychiatric literature is replete with references to hypnotherapy being used as a treatment for psychosis I could find no record of hypnosis as a precipitant of a psychotic illness. Nevertheless there is evidence that stage hypnosis can lead to a number of subjective negative experiences for participants after the event (Crawford *et al*, 1992). Just over one-third of respondents in this study reported mild to strong negative experiences including being frightened and confused.

According to the Health & Safety Executive (Lucas, personal communication) "subjecting sensitive/paranoid individuals to ridicule" can lead to "adverse effects".

In this patient's case it is likely that stage hypnosis was the significant life event which triggered a schizophrenic illness. Clearly there are lessons to be learnt by stage hypnotists about the potentially serious outcome for a very small minority of participants in what is supposed to be a form of entertainment.

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#### Nietzsche, Freud and eternal recurrence of the repressed ...

SIR: I read Chapman & Chapman-Santana's paper on the influence of Nietzsche on Freud's ideas with interest (*BJP*, February 1995, **166**, 251-253). I was, however, rather disappointed that the authors mention only fleetingly the pivotal achievement of Nietzschean thought - the eternal recurrence - and make no connection between this and the cardinal Freudian idea of 'repetition compulsion'. In *Beyond Good and Evil* Nietzsche translates Zarathustra's

discovery of the eternal return into the occurrence of everyday life:

“If one has character, one also has one’s typical experience which returns repeatedly” (Nietzsche, 1966).

Correspondingly, in *Beyond the Pleasure Principle*, the major paper on repetition compulsion, Freud describes this phenomenon:

“as essential character-trait which always remains the same and which is compelled to find expression in a repetition of the same experiences” (Freud, 1955a).

Nowhere does the compulsion to repeat manifest itself greater than in the transference, the cornerstone of psychoanalytic therapy. Repetition compulsion serves the patient’s ambivalent wish to both cling on to the hidden impulse and to keep it away from consciousness. It also functions as a mirror of a mysterious drama, drama that forms the essence of the patient’s unconscious being. It is not difficult

to recognise here the mask of Zarathustra, a Nietzschean demon of eternal return:

“I come again, with this sun, with this earth, with this eagle, with this serpent – not to a new life or a better life or a similar life; I come back eternally to this same, selfsame life, in what is greatest as in what is smallest, to teach again the eternal recurrence of all things . . .” (Nietzsche, 1954).

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NIETZSCHE, F. (1966) Beyond Good and Evil. In *Basic Writings of Nietzsche* (ed & trans. by W. Kaufmann), p. 22. New York: Random House.

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#### A HUNDRED YEARS AGO

##### Accommodation for imbeciles

There can be no doubt that the treatment of imbeciles, especially those of the juvenile class, is totally different from that required for the insane, and nothing can be worse for them than to be kept in a workhouse where no education of any sort is given them. Mr. Jenner-Fust, Local Government Board inspector, has made some important remarks on this interesting subject. He found in the course of his visits that the Toxteth Board of Guardians had 82 imbeciles crowded into a space only capable of properly accommodating 61, and that nothing could at present be done to relieve this pressure. He considers it highly desirable that more adequate provision should be made for this afflicted class, since they are not fitting subjects for lunatic asylums, and recommends that a number of boards of guardians should combine in making common provision for them. The first thing to be done is to separate the children from the adults, and to place the former in an institution where they can be

educated and trained. To neglect this duty is a short-sighted policy, for not only are the untrained imbecile children of no use in the world, but there is always a fear that they may be led away and develop criminal propensities. If the boards and guardians do not care personally to undertake this duty, then the county council of Lancashire, which has already done so much in providing for the insane, should take steps to erect an institution fitted with appliances for the education and training of the children. With regard to the adults, it is advisable that they should be placed together in one establishment. This has already been done in the metropolitan district with great success; and surely the public spirited men of the north will do everything in their power to provide for this afflicted class in Lancashire.

##### Reference

*British Medical Journal*, February 1895, 328.

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