

(8) End tidal CO₂ values were estimated for 5 minutes but only one value was quoted. What happened to the end tidal CO₂ over this 5 minutes?

We feel that there is insufficient evidence at present in the general metabolic and psychiatric literature for the authors to make the statement that 'some chemical differences between most depressed patients and controls are easily explained', and their conclusion that response to drug treatment may be due to effects on the blood brain barrier of CO₂ levels is premature in the extreme. It would be sad if work which could be extremely valuable in evaluating specific relationships between control mechanisms at, or below, limbic system level and cortical function were obscured by hasty conclusions from enthusiastic workers.

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References

- GARATTINI, S., MUSSINI, E. & RANDELL, L. (1973) *The Benzodiazepines*. New York: Raven Press.
GREGG, I. (1974) *Hospital Update*. December.
GUZ, A. *et al* (1977) *Clin. Sci. & Mol. Med.*, **52**, 2-14.
MORA, J. D. *et al* (1976) *Brit. J. Psychiat.*, **129**, 457-64.

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MOURNING

DEAR SIR,

Gardner and Pritchard's article ('Mourning, Mummification and Living with the Dead' (*Journal*, January 1976, **130**, pp 23-8) describes some extreme examples of unresolved grief reactions. Their use of the term 'mummification' is certainly appropriate.

In their article they cite milder examples of abnormal reactions to bereavement, e.g. Queen Victoria's case, and these are in fact more commonly observed in practice. They do not mention an alternative term, which to my knowledge was first used by Macdonald Critchley the 'Miss Havisham syndrome' (1). The name is, of course, taken from Charles Dickens' *Great Expectations*. Miss Havisham in the novel was jilted by her fiancé on their wedding day and from that time became a recluse, wearing the fading satin of her bridal dress and 'freezing' the house as it was on that day.

Critchley says that Miss Havisham was a fictional character. Yet it has been suggested (Tyrrell (2)), that

Dickens dramatized a story told to him of a Miss Donnithorne. This lady was the daughter of Judge James Donnithorne of Sydney. In her case too, the bridegroom did not appear, and thereafter all the wedding decorations, etc, were kept as they had been arranged. Except for the doctor and the solicitor, the house was locked against all visitors; it was said to be haunted and was avoided by the children of the suburb. Miss Donnithorne died in 1886 at an advanced but unknown age, while Dickens wrote his novel in 1860. The dates would allow the real event to have taken place before the writing of the novel, though I believe that Dickensians hotly dispute this.

Though eponyms are now frowned upon in medical terminology, the term 'Miss Havisham syndrome' may be an appropriate one in describing a situation where an individual has not faced or 'worked through' a loss (whether death of a loved one or disappointment of any kind) but has attempted to maintain an inappropriate *status quo*.

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References

1. CRITCHLEY, M. (1970) The Miss Havisham syndrome. *History of Medicine*, **1**, 2-5.
2. TYRRELL, J. R. (1952) *Old Books, Old Friends, Old Sydney*, pp 22-3. Sydney: Angus & Robertson.

SPEECH IN DEPRESSIVE STATES

DEAR SIR,

We are grateful to Christopher Ounsted (*Journal*, March 1977, **130**, p 315) for drawing our attention to a case report which describes the changes in spontaneous speech in a manic-depressive patient. We have to comment, however, on his surprising statement that the detailed analysis of tape-recorded counting in depressed patients undertaken by us (Szabadi, Bradshaw and Besson, 1976) 'is not required'.

1. *Counting vs spontaneous speech*. The use of a sample of 'automatic speech' (Hughlings Jackson, 1878), such as counting, has advantages compared to the recording of 'spontaneous speech'. It is easy to standardize the recording of counting and it is not subject to the contents of the patient's thoughts, as spontaneous 'propositional' speech (Hughlings Jackson, 1878) is likely to be. Furthermore, counting speed is less likely to be inadvertently manipulated by the examiner's prompting questions.