Letters to the Editor

Follow this and additional works at: https://jdc.jefferson.edu/jeffjpsychiatry

Part of the Psychiatry Commons

Let us know how access to this document benefits you

Recommended Citation

DOI: https://doi.org/10.29046/JJP.005.1.014
Available at: https://jdc.jefferson.edu/jeffjpsychiatry/vol5/iss1/15
Letters to the Editor

DR. LAYNE COMMENTS ON THE BODY-SNATCHING METAPHOR AND PHYSICIANS

Sir:

The article by Mark Sullivan, “Body-snatching: Medicine and the Cartesian Threat,” (1) was at once thought provoking and entertaining. Thank you for sharing it with your readers. The article got me thinking about people whose humanity is lessened by their having been “snatched” in some way. I thought of the human physicians who function like machines. Surgeons come to mind, of course, but that’s an unfair prejudice. Every specialty has its automatons, doctors whose lack of emotionality is rationalized into a strength, usually said to be related to better objectivity. Perhaps it is enough that a physician be good technically. But the patient, looking at his doctor, sees a human being. Not knowing that this human has been snatched, the patient expects his doctor to act human. When he doesn’t, the patient is shocked, dismayed, angered or worst of all, blames himself for doing something to the doctor.

The body-snatched person as a metaphor for the cold, tough physician—thanks to Dr. Sullivan for the perspective.

George S. Layne, M.D.
Assistant Professor of Psychiatry
Jefferson Medical College
Thomas Jefferson University

REFERENCE


DR. BLUM COMMENTS ON “THE NEUROPSYCHIATRIC SYNDROME OF A PSYCHOMOTOR SEIZURE DISORDER IN SHAKESPEARE’S OTHHELLO, THE MOOR OF VENICE”

Sir:

I read with interest Dr. Cohen’s description of Othello’s neuropsychiatric state (1). Some features of Othello’s personality suggest the presence of partial complex seizures, although without much suggestion of generalization.

Although stated otherwise in the article, I fear that readers will draw the conclusion that violence of a directed fashion can be part and parcel of the typical seizure patient’s history. Violence is rare during a partial complex seizure, is usually of a semi-purposeful, non-directive manner and is seen primarily when restraint is attempted. Furthermore, interictal violence is rare (2).

It is most likely that the presence of bilateral diffuse damage involving the basal forebrain structures is a significant factor in non-epileptic psychopathology in patients suffering epilepsy, including perhaps Othello (3).

Larry W. Blum, M.D.
Clinical Assistant Professor of Neurology
Jefferson Medical College
Thomas Jefferson University

97
REFERENCES


CORRECTION

Sir:

In reading through the Summer 1986 edition of *The Jefferson Journal of Psychiatry*, I noticed that the article, "Masochistic Personality Disorder: A Diagnosis Under Consideration" used a quote from a panel at the American Psychoanalytic Association Fall Meeting in 1979 that I chaired. The quote was misquoted. The correct version is:

... that a re-examination of masochism at this time, using our present knowledge of the separation-individuation process, the nature and structural consequences of early object relations, the role of the self in self-esteem regulation and affect development might help to clarify our understanding of masochistic phenomena. (emphasis added, ed.)

This quote appears on page eleven of the Journal.

Arnold M. Cooper, M.D.
Professor of Psychiatry
The New York Hospital
Cornell University Medical Center