Don Quixote syndrome

El síndrome de don Quijote

Dear Editor:

"(...) and so with too little sleep and too much reading his brains dried up, causing him to lose his mind[1]*."*

In 1979, Magherini observed a psychosomatic reaction among the tourists visiting Florence following their contemplation of the extraordinarily beautiful works of arte in the Uffizi gallery. This suite of characteristic symptoms (tachycardia, mental confusion and hallucinations) was later defined by Italian psychiatry as *Stendhal's syndrome*,[2] in honour of the French author of *Naples and Florence: a journey from Milan to Reggio*, who had described those same sensations when visiting Florence's Basilica of the Holy Cross. A similar sense of awe was later to be shown by the Russian novelist Fyodor M. Dostoyevsky in *The Idiot*, starting from his own experience when standing before Holbein's *Dead Christ* in a museum in Basle.[3]

Under the influence of this idea, we put forward, in 2008, the term *Don Quixote syndrome*[4] to designate the neuropsychological transformations and/or changes in behaviour associated with the reading of a literary work, in honour of Cervantes' main character, who was led, through his excessive reading of books of chivalry and of Greek and Roman mythology, to a state of mental derangement thanks to which his original identity was altered from Alonso Quijano to that of the knight Don Quixote of La Mancha, and he persuaded ploughman working the lands adjacent to his to accompany him in search of adventures, promising him an insula in return for helping him achieve his goal with the firm purpose of bringing succour to the needy in the world and gain eternal fame thanks to his exploits (fig. 1).

Figure 1 Don Quixote and Sancho Panza as seen by Pablo Picasso.

According to this definition, the *Don Quixote syndrome* may vary in intensity: from the mere enjoyment caused by reading, to a delirious interpretation caused by the text. Thus, in its milder forms, the reader will refer to "*a watershed*", however without any evident repercussions on their behaviour. In its moderate forms, it will already be possible to observe behavioural changes in direct relation to their reading, similar to those seen in certain students of medicine who imagine they are suffering from the illness they are studying.[5] In its most severe forms, readers suffer a disorder in their perception of reality. Extreme examples of such cases would be the reader who murdered John Lennon "inspired" by the classic J. D. Salinger novel, *The Catcher in the Rye*, passing through the suicides relating to the reading of Goethe's *Werther*, all the way to the macabre fundamentalist interpretations allegedly inspired in the *Bible* or, more recently, the *Koran* (New York, 2001; Madrid, 2004; London, 2005).

Nonetheless, a *Don Quixote syndrome* must ideally be characterized by a delusion with a noble intent; something close to what Salinger defined as a paranoia in reverse, i.e. the belief that there is a conspiracy in place to make somebody happy.[6] Or, at least, to give the lie to that old Spanish saying *"think the worst and you'll probably be right"*, to highlight our more altruistic side as it deserves.

In the realm of the neurosciences, the parascientific essay writing of Ramón y Cajal is lavish in its references to *Don Quixote*. In his *El mundo visto a los ochenta años (The World Seen at Eighty)*, our Cervantes of the Neurosciences refers to the work's transcendence, proclaiming also its excellence, as well as its great ability to stimulate its readers.[7] Retrospectively, Don Quixote has been subjected to a number of medical and psychiatric interpretations, including a recent review from a neurological perspective.[8] It might be argued, in a similarly updated language, that Don Quixote is suffering from a encapsulated delusion, referring only to what concerns or deals solely and exclusively with knights errant. Or simply that it involves a normal reaction by a normal individual to an abnormal world. For the philosopher Ortega y Gasset, the problem is not resolved by declaring Don Quixote insane and refers to Cervantes's masterpiece as the *"maximum book"* and the *"ideal forest"*.[9] In either case, no-one better than Cervantes to describe (also from a clinical standpoint) the protagonist of his novel through the mouth of another of his characters: *"(...) he is a gallant madman (...) Not all the physicians and notaries in the world could make a final accounting of his madness: he is a combination madman who has many lucid intervals*[1]*"*.

On the other hand, among the writers influenced by this medical literary approach to Cervantes, even Shakespeare titled one of his lost plays *The History of Cardenio* based on the sub-plot of El Roto in *Don Quixote*, whose insanity followed a disappointment in love. Furthermore, *Don Quixote* was the main source of inspiration for the creation of the epileptic hero of *The Idiot*, with Dostoyevsky himself considering *Don Quixote* as the greatest invention of human genius and the most profound expression of human thought.[10]

But perhaps the greatest irony in *Don Quixote Spanish Bible* (according to Unamuno) is the final reconversion of Don Quixote into Alonso Quijano the Good. His sanity restored, this *hidalgo* from La Mancha quotes a proverb (probably the influence of a long relationship with Sancho Panza) with which he attempts to proffer an apology and convince his friends and relatives of his error in proclaiming himself Don Quixote, Knight Errant of La Mancha: *"(...) let us go slowly, for there are no birds today in yesterday's nests*[1]*"*. And this lucid exercise in self-criticism and scorn of his books of chivalry his lack of dogmatism and the profound 1Humanism distilled in every chapter of his story may well be what makes *Don Quixote* the best example of a possible *Don Quixote syndrome*, in the sense of transforming its readers into better individuals.

Presentations

The present paper, extended on the basis of survey carried out in the context of a recent induction speech on admission to the Spanish Association of Doctors Writers and Artists (ASEMEYA), was presented at the 14th Congress of the EFNS held in Geneva on September 25th to 28th.

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Alonso Quixano syndrome

El síndrome de Alonso Quijano

Dear Editor:

At the end of 2005, we had occasion to learn of a schizophrenic patient who lived a madman and died sane.

He was 44 years of age. Unmarried and with no children, he had been living in a psychiatric hospital for the previous 7 years. His psychomotor development was normal. He left school at age 16 to work as a car mechanic. He was always a lonely and solitary fellow. His military service was completed without any known problems but, on his return, his behaviour became ever more eccentric.To this, we must add an abusive consumption of alcohol, cigarette smoking and aggressive behaviour towards his parents, with whom he lived. At 30 years of age, he was diagnosed as having paranoid schizophrenia but his compliance with therapy was never good.

His first psychiatric admission took place at age 36. This was when he was diagnosed as having diabetes mellitus. In 1998, he was re-admitted to a medium-stay psychiatric unit but, following discharge, he continued to have behavioural problems, suffer from delusions and make threats. He lost his job definitively and it was decided to admit him for a long-term stay in 1999, at the age of 39.

The first years were the most difficult. Isolated from everyone else, almost autistic, he would talk to himself continuously, paid no heed to explanations and was frequently hostile. He took no part in the hospital's therapeutic activities and never left the institution. The death of his parents did not seem to affect his mood. Every day, he would spend hours walking round and round the same tree in the garden, leaving, step by step, a narrow path where the grass no longer grew.

His discourse was disjointed and incoherent. It was not possible to hold a logical conversation with him. He showed productive psychotic symptoms and anti-psychotic medication, although it kept him sedated, did not manage to reduce the delusional core of his discourse. He had magical thoughts, delusions of harm, reference and megalomania. In addition, phenomena of blocking and thought theft were documented. His long-term medication was as follows: risperidone, 3 mg twice a day; lormetazepam, 2 mg in the event of insomnia; and metformin, 850 mg twice a day.

Over the years, he developed manifest physical deterioration. Except for the countless walks around his favourite tree, he engaged in no other kind of physical exercise, chain-smoked and was indifferent to the precarious