

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*”. And this lucid exercise in self-criticism and scorn of his books of chivalry his lack of dogmatism and the profound Humanism 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

control of his diabetes, which started to become complicated with wounds and infections in the toes. Later, gangrene set in; first in one foot, then the leg, next the other foot and finally the other leg, and he was subjected to successive and ascending amputations that left him prostrate in a wheelchair with stumps at groin level.

Following his last amputation, he underwent an unexpected change. He stopped smoking, would talk to other patients as he had never done before, looked people in the eye when speaking to them; he was sad and complained with phrases such as: "To live like this ...", "What a life I've had ..." and "What good is living?" He spent the last four days of his life in a profound melancholy and without any delusions. Suddenly, he remarked that he felt unwell, he had a pain in his abdomen and could not eat. The next day he died as a result of a mesenteric infarction.

Something comparable happened to Don Quixote (fig. 1). At the end of the novel (Part 2, Chap. 74),¹ "he succumbed to a fever that kept him in bed for six days", recovered his sanity and renounced his condition as a Knight Errant:

"Señores," said Don Quixote, "let us go slowly, for there are no birds today in yesterday's nests. I was mad, and now I am sane; I was Don Quixote of la Mancha, and now I am, as I have said, Alonso Quixano the Good. May my repentance and sincerity return me to the esteem your graces once had for me, and let the scribe continue".

Alonso Quixano, formerly Don Quixote, died three days later.

*"Here lies the mighty Gentleman
who rose to such heights of valour
that death itself did not triumph
over his life with his death.
He did not esteem the world,
he was the frightening threat
to the world, in this respect,
for it was his great good fortune
to live a madman, and die sane".*

One of the questions that has stirred up the greatest interest in Cervantes's work is why Don Quixote died sane when he had been crazy in life. There are several explanations. In the last pages of the book, Don Quixote suffers from fever and, following a deep sleep, actually awakens reneging on his status as a Knight Errant and decrying books of chivalry. Cervantes's decision to bury his hero might well be due to the need to prevent apocryphal author(s) from publishing further adventures. On the other hand, Cervantes saw his own end close; burdened by debts, difficulties and problems and, above all, in ill health, he may have opted to bring his hero and his masterpiece to a close (October 31st, 1615) as a projection of his own farewell (April 22nd, 1616). Another possible explanation for Don Quixote's final sanity is that, in the medicine of his



Figure 1 Antonio Saura. Drawing dedicated to Eulalio Ferrer (2008). Figure reproduced with permission.²

day, it was thought that the mad recovered their sanity when death was at hand, a fact that Cervantes might have been familiar with and could have used as kind of swan song, a coda to the life of the now sane, but forever remembered as crazy, Alonso Quixano the Good.³

We propose that the eponymous "Alonso Quixano syndrome" be applied to those patients who improve and even seem to be cured unexpectedly and fleetingly of their main illness but are suddenly cut down by death. The people who know this well are the nursing staff, always closer to patients; ask them.

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