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CORRESPONDENCE

We may return unduly long letters to the author for shortening so that we can offer readers as wide a selection as possible. We receive so many letters each week that we have to omit some of them. Letters should be typed with double spacing between lines and must be signed personally by all their authors, who should include their degrees. Letters critical of a paper may be sent to the authors of the paper so that their reply may appear in the same issue.

Correspondents should present their references in the Vancouver style (see examples in these columns). In particular, the names and initials of all authors must be given unless there are more than six, when only the first three should be given, followed by et al; and the first and last page numbers of articles and chapters should be included.

Miraculous deliverance of Anne Green

SIR,—We were interested not only by Dr J T Hughes's interpretation of the resuscitation of Anne Green (18 December, p 1792) but also by the possibility that this young woman may represent the only report of the post suspension syndrome in English published work. Examination of Dr Hughes's reference[1] has convinced us that this Anne Green did show the features of this syndrome.

The post suspension syndrome is a clinical syndrome recognised in those countries where self hanging is a common method of suicide[2 3]—for example, France and Russia. The incidence of suicidal hanging and the incidence of the sexual asphyxia syndrome in this country[4] would suggest that details of this syndrome and its sequelae should be more widely disseminated, particularly to accident and emergency departments.

The post suspension syndrome presents after unsuccessful hanging, for a variable period of time, that does not involve a drop. The patient presents deeply unconscious with generalised hypertonia. There are limb movements suggestive of decerebration, hyperreflexia with clonus, positive Babinski reflexes, and focal conservation of cranial nerve function, in particular conservation of the pupillary light reflex.[2] A review of 67 cases has noted the development of pulmonary oedema in some patients.[3]

The level of consciousness lightens over 24-48 hours, but all patients experience a variable length of retrograde amnesia and a longer period of post traumatic amnesia, which usually encompasses the immediate recovery period of about 72 hours. There is also a further period when long term and immediate recall memory function are impaired, but this also resolves over several weeks.

The pathophysiology of the cerebral lesion is hypothesised as a combination of anoxia due to tracheal, arterial, and venous obstruction, and syncope due to acute compression of the neurological structures in the neck.

Is there any evidence that Anne Green had this syndrome? Certainly the initiating event was characteristic—suspension by a ligature around the neck after being turned off a ladder. The time course of the suspension was also quite consistent with the development of the syndrome. Her state of consciousness at presentation was such as to convince onlookers that she was dead. When her level of consciousness lightened slightly she was found to have masseteric spasm, ("they wrenched open her teeth, which were fast set"), other signs of hypertonia ("her fingers also being stiffly bent"), and also hyperreflexia ("they thought of letting her bood and no sooner was her arm bound for this purpose but she suddenly bent it, as if it had been contracted by a fit of the convulsion"). Even through these episodes, however, she had some cranial nerve function in that she could open her eyes. Dr Hughes proposes that the ligatures applied to Anne Green during her early recovery may have been compression bandages, but we would suggest that they were restraints to control her decerebrate movements and later her general restlessness. Her subsequent recovery of mental functions is in accord with the time course and sequence of others with this syndrome. We have no doubt that if today's subtle psychological tests were applied to Anne Green she would show some disruption of manual task performance and memory for several months after her hanging.

We believe that Anne Green experienced the post suspension syndrome in 1650 and that her case exhibits a fact which is still unknown by many doctors today—that is, a hopeful prognosis may be expected in cases of unsuccessful hanging that present with otherwise disturbing and diffuse signs of neurological dysfunction, and most of these patients will show rapid resolution to normal with conservative management.

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[1] *Newes from the Dead or A True and Exact Narration of the miraculous deliverance of Anne Green.* Written by a Scholler of Oxford. Oxford: Printed by Leonard Lichfield for Tho Robinson, 1651.
[2] Gay R, Campan L, Feiss P, *et al.* Pendaison manquees: a propos de quatre cas. *Nouv Presse Med* 1971;**79**: 484-5.
[3] Scheydeker JL, Pozzo di Borgo C, Petitjean G *et al.* Problemes cliniques et therapeutiques poses par les pendaisons: a propo de 67 cas. *Ann Anaesthesiol FR* 1975;**16**:465-8.
[4] Central Statistical Office. *Death analysed by cause: Table 36. Annual abstract of statistics 1960-1978:* London: HMSO, 1979.