



Letter to the Editor

Oldest medical description of a near death experience (NDE), France, 18th century

Sir

Near-death experience (NDE) has been scientifically described as 'a profound psychological event with transcendental and mystical elements' after a life-threatening crisis (mainly cardiopulmonary resuscitation)¹: awareness of being dead, positive emotions, out of body experience, the feeling of moving through a tunnel, communication with light, observation of colors of a celestial landscape, meeting with deceased people, life review, presence of border.¹

Scholars have analyzed mystical and historical possible experiences of NDE in ancient civilizations (Pharaonic Egypt, Mesopotamia, Vedic India, Greco-Roman Antiquity, pre-Buddhist China, Himalayan Buddhism, pre-Columbian Meso-America).² We report here a 18th century description (circa 1740) given by a physician, i.e. the oldest professional/medical case report of NDE.

The author is Pierre-Jean du Monchaux (1733–1766), a military physician from North of France who died of a fever at the age of 33 in the island San Domingo³: 'Sir L.C., one of the most famous apothecaries of Paris had in Italy, 25 years ago, a malign fever, and was treated by French physicians and surgeons, and sustained many blood-letters. After the last phlebotomy – which was very important – he had a syncope and was unconscious for such a long time that the assistants were particularly worried. He reported that after having lost all external sensations, he saw such a pure and extreme light that he thought he was in Heaven (literally: in the Kingdom of the Blessed). He remembered this sensation very well, and affirmed that never of all his life had he had a nicer moment. Other individuals of various ages and sexes reported a very similar sensation in the same circumstances. These observations seem to be comparable to those of a 12th c. theologian, who said that at the moment approaching our body and soul dissolution, the latter is lit by a primary light ray (*luminositas lucis primae*)?' Even if the data are limited, this 18th c. patient obtained a score of 12/32 (Table 1) using the Greyson criteria for assessing depth of NDE¹; a total of more than 7/32 being considered a true positive NDE.¹

Comparing that case with other similar cases caused by drowning, hypothermia and hanging, the author – a military physician – suggested a physio-pathological explanation: 'In all these examples, the cause of the pleasant sensation seems to be the same. The effects of the bonds, cold, pressure of surrounding water, depression due to an important phlebotomy, exclude quite entirely the cutaneous veins or leave a very little quantity of blood. What happens then? All the blood and humors flow abundantly and quietly in the internal vessels, especially the brain vessels, protected from any external compression. And it is precisely this blood effusion that excites all these vivid and strong sensations; it is its quiet and equal [cerebral vascular] distribution that makes this sensation pleasant'.⁸ This theory is in complete contradiction with the actual

Table 1

Greyson criteria for assessing depth of NDE and qualitative category (in brackets). The patient score (x/y) gives the score for this patient (x=L.C.) and the maximum points potentially achievable (y) for each criterion according to the Greyson scale.

Altered sense of time (c)	1/2
Accelerated thought processes (c)	0/2
Life review (c)	0/2
Sense of sudden understanding (c)	0/2
Affective feeling of peace (a)	2/2
Feeling of joy (a)	2/2
Feeling of cosmic unity (a)	0/2
Seeing/feeling surrounded by light (a)	2/2
Purportedly paranormal vivid senses (p)	0/2
Purported extrasensory perception (p)	1/2
Purported precognitive vision (p)	0/2
Sense of being out of physical body (p)	0/2
Apparent transcendental sense of an 'other world' environment (t)	2/2
Sense of a mystical entity (t)	2/2
Sense of deceased/religious spirits (t)	0/2
Sense of a border/'point of no return' (t)	0/2
Total score	12/32

one of decreased cerebral perfusion resulting in local cerebral hypoxia,⁴ but may be explained by the historical period (i.e. early beginning of physiological explorations of the human body).⁵

Conflict of interest statement

All authors disclose any financial and personal relationships with other people or organizations that could inappropriately influence (bias) their work.

Acknowledgment

To Ms. Agathe Hurel, for English proofreading and, Claire Nguyen and Stéphanie Charreaux from the BIUM, Paris, for important historico-biographical help.

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28 May 2014