correspondence

With regard to the incidental findings in a Chinese population in Taiwan, presented by Lee and colleagues, we agree with them that the lower prevalence of aneurysms and asymptomatic infarcts in their population as compared with ours might be explained by a combination of factors — most notably, the younger mean age of their study participants, but possibly also the population's different ethnic composition and differences in the scanning protocol. We strongly support the performance of similar studies of prevalence rates of incidental brain findings, to further augment knowledge in this area.

Finucane raises an interesting question about the left–right hemispheric distribution of asymptomatic strokes, since it has been hypothesized that these strokes may predominantly be right-sided. Among the 145 persons with asymptomatic stroke in our population, 35 had only cerebellar infarcts (30) or brain-stem infarcts (5). There were 19 persons who had bilateral hemispheric infarcts. Among the 91 persons who had unilateral asymptomatic stroke, 39 (43%) had right-sided lesions, and 52 (57%) had left-sided lesions. This difference was not significant and furthermore does not seem to support the aforementioned hypothesis.

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Visualizing Out-of-Body Experience in the Brain

TO THE EDITOR: The single-subject study design used by De Ridder et al. (Nov. 1 issue) makes it difficult to conclude whether the changes seen on positron-emission tomography (PET) were due to out-of-body experiences or simply to the differential effects of stimulation at 3.7 V in 40-Hz burst mode as compared with other modes, a confounder that has not been controlled for. A more robust approach would be to compare this patient with a group of patients with tinnitus, but without the out-of-body experiences, receiving the same stimulation. Furthermore, the short duration of the out-of-body experiences in this patient (average duration, 17 seconds, starting within 1 second after stimulation) means that the experiences had almost disappeared by the time the scans started (10 seconds after stimulation started). Therefore, it is possible that most of the PET changes reported in this study, despite being consistent with the authors’ hypothesis, were due to the effects of stimulation alone.

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TO THE EDITOR: The report by De Ridder and colleagues describing a sense of disembodiment elicited by temporoparietal-junction stimulation in a patient with tinnitus extends similar findings in patients with epilepsy. We should be cautious, however, about drawing analogies between an induced sense of disembodiment and spontaneous out-of-body experiences. That they have similar neuroanatomical loci is a plausible hypothesis but an untested one.

The sense of disembodiment induced by electrical stimulation is limited to a fixed location; those in whom this experience is induced by stimulation perceive the environment from the...
visual perspective of the physical body, and they perceive the event as illusory. Spontaneous out-of-body experiences often involve accurate perception of the environment (including the physical body) from an extracorporeal visual perspective; the disembodied center of consciousness may seem to move about independently of the physical body, and those who have such a spontaneous experience usually perceive the event as profoundly real.\(^2,3\)

Given the differences in phenomenology and in psychological aftereffects for those who have the experience, it is premature to assume that the mechanism of an induced sense of disembodiment also applies to spontaneous experiences.\(^4\)

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Learning from Failure in Health Care Reform

TO THE EDITOR: In Oberlander’s Perspective article on failure in health care reform (Oct. 25 issue),\(^4\) the author’s assessment of the current prospects for major reform is too bleak. Many changes since the failure of the Clinton plan make health care reform much more likely. Most important