

A fascination with boiled frogs may be apparent late in the disease. Treatment of acute exacerbations during nights of the full moon is symptomatic; physical restraints may be required.

HEMODIPSIA

(Vampirism)

A group of maledictive disorders with psychiatric and physiological manifestations, acquired through the ingestion of fresh blood from previously accursed individuals, and provoking clinical death followed by a persistent undead state.

The hemodipsias are extremely uncommon disorders of the outre-tombe type, with poor long-term prognoses and few practical treatment options. Like all outre-tombe disorders, the hemodipsias have both profound physiological and marked psychiatric manifestations.

Etiology and Pathology

Hemodipsias are extremely rare in the United States, and only slightly more common elsewhere, with the highest incidence being in Eastern Europe, particularly Romania. They are contracted through simple oral ingestion of the fresh blood of previously infected, undead individuals; or, in extremely rare cases, through spontaneous ectoplasmic mutations occurring in adulthood. The undead population in the Americas is fairly small outside of significant communities in the cities of Portland, Oregon, Washington, D.C., and Hollywood, California, where the disorders are endemic.

Several varieties of hemodipsia may be clinically distinguished. Among them, **Lestatine vampirism** is the most common type in the United States outside the aforementioned communities, with most infections occurring in Louisiana, in areas with historically French or Cajun roots. The thanatogen is either *Bela lestati anni* or *B. lestati crislii*, with the former accounting for most U.S. infections over the past twenty years, and the latter accounting for most Lestatine infections elsewhere, particularly in Europe. **Stoker-Rice syndrome** is similar to Lestatine vampirism but without overt

clinical evidence of infection with thanatogens, and with symptoms of greater severity and a particularly poor prognosis. **Lugosi's complex** is infection with *B. Lugosi*; it is known almost exclusively in Eastern Europe, is severe in manifestation, and remains highly refractory to symptomatic treatment, responding only to techniques directed at complete eradication (*i.e.*, termination of the undead state).

In pediatric patients, most cases are of the Lestatine or Stoker-Rice types. **Acquired pediatric hemodipsia** (APH), the so-called "child vampire" syndrome, is a typical pediatric presentation of Lestatine vampirism. APH is by far the most frequently seen type of hemodipsia in pediatric patients in the United States.

Vampirism exerts its effect through the induction of ectoplasmic mutation, either through direct contact between thanatogens absorbed from the GI tract and afterlife chakras of the patient, or through spontaneous mutation of these chakras (Stoker-Rice syndrome). These mutations produce a characteristic pattern of deterioration and clinical death followed by a persistent undead state with its own unique physiology that may persist for centuries and is best known for the hemodipsia (blood-sucking behavior) that it engenders.

None of the hemodipsias have a specific incubation period. Clinical manifestations are slow to appear, and may not be obvious in living patients early in the disease. Infected individuals are not contagious until they die and enter the undead state. The only transmission vector for the disease is blood-to-blood contact or ingestion of the blood of an infected individual.

Symptoms and Signs

Onset is insidious and often very gradual. Initial symptoms include daytime lethargy, a strong preference for a liquid diet, a fascination with blood, death, topsoil, Halloween, horror films, and graveyards, and an aversion to most mainstream religious practices (although a simultaneous fascination with esoteric religious practices may also be present). Patients may be extremely difficult to awaken in the morning for work or school, and may fall into a trance-like or stuporous state in the classroom or on the job (not to be

confused with the similar state present physiologically during school hours in some children). Exposure to sunlight may produce severe burns of the skin (Coppertone's sign), with characteristic charring and smoking of the epidermis; very slight exposures may produce reactions superficially similar to those produced by other disorders (see Ch. 119). Patients exhibit very flattened affect except when presented with the objects of fascination described above, and even when conscious in daytime they may be unresponsive or taciturn.

As the disease advances, the above symptoms worsen, and additional symptoms become apparent, including: anaphylactoid reactions and severe skin burns upon contact with formally blessed objects such as holy water, wafers, or scrolls; a highly characteristic hydrophobia that makes it impossible for the patient to cross running water (still water does not present a problem); an inability to cross the threshold of private homes without an explicit invitation; and a complete inability to enter places of mainstream religious worship under any circumstances (patients may become extremely agitated if forced). Nocturnal insomnia becomes the rule, while daytime somnolence becomes overpowering and produces a state externally resembling clinical death during daylight hours. The patient may be impossible to arouse between sunrise and sunset, and yet he or she will awaken spontaneously and show great energy after sundown and until dawn. Extreme pallor is common, although physical vigor during night hours is at least normal and often above normal.

Patients with hemodipsia tend to develop specific changes of the digestive system that resemble adaptation to a purely liquid diet and ultimately to a diet consisting only of fresh blood (hematophagy). These changes are very limited and reversible in life, but irreversible and profound in the undead state.

Most patients, after infection with the disease, progress rapidly to apparent exhaustion and death over a period of days, weeks, or months. Clinical death is followed by the undead state, in which the patient may exist indefinitely, subsisting on the fresh blood of normally-living human beings or other animals. Patients in this state are known colloquially as **vampires**. In the undead state, vital

signs are absent despite the obvious vitality of the patient, body temperature is no higher than ambient temperature, and there is no heartbeat. Vampires appear dead for all practical purposes during daylight hours, the only distinction between them and true cadavers being the absence of any signs of decomposition in vampires. After sunset, vampires awaken and appear to function as normal people, despite the lack of normal vital signs. Life expectancy in the undead state is indefinite, and individuals have remained vampires for centuries in many cases. Apart from extreme pallor, particularly when fasting, nothing in the appearance of a vampire betrays his or her undead state. However, vampires have no reflection in mirrors, and cannot cross the threshold of a home without an explicit invitation, which may provide clues to the observant health practitioner.

Behavior in all untreated and undead hemodipsia patients is similar, although Lugosi's complex produces a greater propensity for violent behavior. In the undead state, patients can survive *only* on a diet of blood, and so the disappearance of friends, relatives, or small animals in the neighborhood may be an indication of occult hemodipsia.

The normal physiological state of vampires is complex and is outside the scope of the Manual. A variety of specialized works dealing with the treatment of vampirism specifically are available.

Prognosis and Treatment

Untreated, hemodipsia produces clinical death, usually within a few weeks, depending on the amount of infected blood originally or cumulatively ingested. Clinical death is followed immediately by the undead state, which persists indefinitely unless explicitly terminated by one of the treatments below.

Treatment with thanatoxins prior to clinical death will accelerate the latter, but it will prevent development of the undead state. Treatment with thanatoxins after clinical death is symptomatic only.

Direct puncture of the myocardium by a wooden stake (preferably made from black or European ash and designed for the purpose), or by firearm rounds composed exclusively of unalloyed metallic silver, may terminate the undead state. Exposure to sunlight