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A Capital Mistake?

SIR: In 'Sherlock Holmes: a suitable case for treatment?' (Journal, August 1988, 153, 241-242) Dr Rollin argues that the detective showed signs of obsessional neuroticism with bouts of depression. Holmes' sexuality is considered and found wanting, and he is thought to use cocaine therapeutically to lift his mood. A glance at A Scandal in Bohemia (Doyle, 1981) reveals a Holmes who dismisses such speculations. He remarks that "It is a capital mistake to theorise before one has data. Insensibly one begins to twist facts to suit theories, instead of theories to suit facts".

Not only does Dr Rollin make such a "capital mistake" in trying to adduce a diagnosis from a description, but in doing so there is a danger of bringing some slight discredit to the discipline of psychiatry. For if in our profession there are clinical skills, the application of which may lead to a diagnosis being made, then to suggest that the literary dissection of fictional or historical figures may also lead to a 'diagnosis' is to severely debase the term. When published in a scientific journal, these speculations then gain a respectability unwarranted by their content.

Lest anyone thinks I am unduly critical of a pleasant literary piece, the *Sunday Times* of 21 August commented on the article under the headline 'He was quite a case'. The *Journal* is mentioned by name and it is suggested with journalistic licence that the "great detective was a fruitcake", Conan Doyle's hero was "mentally ill", and that "if Holmes had walked into a GP's surgery today he would be put on drugs and sent for psychotherapy".

In the Sign of Four (Doyle, 1981) Holmes ascribed his powers to "observation, deduction and knowledge". He complained of no mental illness except lack of stimulation, and our appreciation and enjoyment of his exploits is not increased by psychiatric post-mortems.

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Sherlock Holmes – Would He Be a Good Psychoanalyst?

SIR: Rollin (Journal, August 1988, 153, 241-242) speculates that Holmes would eventually use his inordinate capacity for deductive analysis to show up Freud, Jung, or whosoever and turn the analytic table on them. Can I add to the psychopathological lore and suggest that Holmes was actually suffering from a delusion, namely that if he only thought long and hard enough, using the few available clues, he could accurately reconstruct the motives and actions of the protagonists of his cases. As Shepherd (1985) implied, this delusion was shared by the first psychoanalysts and is propagated, I daresay, in the public media even today. It comes as a relief, therefore, that we have the example of a sane detective: Brother William from Umberto Eco's The Name of the Rose. Brother William understands that clues are signs (signifiers for the connoisseur), and in an explanatory dialogue with Adso (his 'Watson') he comments that "they are the only things man has with which to orient himself in the world." But he admits that he does not understand the relationship between the signs. He concedes that he successfully identified the villain by "pursuing the plan of a perverse and rational mind" but, really, the villain "was overcome by his own initial design, and there began a sequence of causes, and concauses, and of causes contradicting one another, which proceeded on their own, creating relations that did not stem from a plan". He concludes with the resigned observation that he was "stubbornly pursuing a semblance of order, when [he] should have known well that there is no order in the universe". Adso tries to console him in vain: "But in imagining an erroneous order, you still found something..." Dr Jaspers could not have put it better.

Holmes would, therefore, not have made a good psychoanalyst. If only more psychoanalysts were like Brother William, and if only more psychiatrists read *The Name of the Rose*!

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