A similar case, with evidence of a more specific association between lithium toxicity and misidentification phenomena, has recently been reported (Potts, 1992), supporting Drs Canagasabey & Katona's incrimination of lithium in their patient, but it remains true that the symptoms they report could equally well be attributed to tranylcypromine. The lesson to be learnt is that unusual new behavioural and psychological symptoms, particularly in the elderly, can be caused by any drug, especially psychotropics; in cases of uncertainty a first step should be to review all the medication a patient is taking, stopping drugs wherever possible.

POTTS, S. G. (1992) Lithium intoxication presenting as a mixed misidentification syndrome. *Behavioural Neurology* (in press).
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SHEEHY, L. M. & MAXMEN, J. R. (1978) Phenelzine-induced psychosis. *American Journal of Psychiatry*, **135**, 1422–1425.

S. G. POTTS

Royal Edinburgh Hospital
Morningside Park
Edinburgh EH10 5HF

SIR: The case reported by Canagasabey & Katona (*Journal*, December 1991, **159**, 879–881) is interesting, but we would argue that the conclusions drawn from it are open to debate.

A list of organic causes of Capgras' syndrome is provided. Conspicuously absent are the numerous reports of delusional misidentification syndromes related to epilepsy and coarse brain disease (Lewis, 1987; Drake, 1987). Although this patient displayed no localising signs of organic disease, the occurrence of delirium in a 74-year-old person with diabetes and hypertension must suggest the possibility of a cerebrovascular insult, epilepsy, or other intracranial pathology. We feel that a computerised tomography scan and an electroencephalogram would have been valuable additional investigations in this case.

We would argue that, on the evidence presented, lithium toxicity is not proven and other pathologies have not been adequately excluded. The association of Capgras' syndrome and lithium toxicity is not established in this case.

LEWIS, S. W. (1987) Brain imaging in a case of Capgras' syndrome. *British Journal of Psychiatry*, **150**, 117–121.
DRAKE (1987) Postictal Capgras' syndrome. *Clinical Neurology and Neurosurgery*, **89**, 271–274.

M. A. MCPHILLIPS
D. G. MOSCOVICH

Gordon Hospital
Bloomburg Street
London SW1V 2RH

CORRIGENDA

Journal, December 1991, **159**, 885–886. Post-partum psychoses and breast feeding in developing countries. The first author's name should read Jayashree Ramasethu.

Journal, February 1992, **160**(suppl. 15), 28. Line 48 should read "through activation of 5-HT_4 receptors (Lefebre *et al*, 1992)".

Journal, March 1992, **160**, 423. Soft neurological dysfunction and gender in schizophrenia. In the third paragraph, the first sentence should read: "A group of 71 patients with schizophrenic disorder (43 males and 28 females) . . .".

A HUNDRED YEARS AGO

The following interesting case is given as illustrating the peculiar propensities of some patients. A female, aged forty, was admitted on June 23rd in a weak and emaciated physical condition, labouring under active melancholia, and with a fractured arm caused by her having thrown herself from the second flat of a tenement house. Great vigilance had to be exercised owing to her suicidal tendencies. Everything went on as satisfactorily as could have been expected until July 27th, when she was seized with great vomiting and pain in the epigastric region. Without entering on full medical details it may be briefly stated that, from the aforesaid date till the second week of October, the patient passed no fewer than 125 pins and sewing needles, with, in addition, many darning needles and hair pins; also a pair of spectacles in pieces and a crochet needle. Although she had lost much flesh, at the end of October recuperative power set in and she was slowly and gradually recovering both in body and mind, when an attack of pneumonia supervened, and she died on Dec. 13th.

Reference

Lancet, 5 March 1892, 551.

Researched by Henry Rollin, Emeritus Consultant Psychiatrist, Horton Hospital, Epsom, Surrey.