suggested psychotic disorientation for time rather than the belief that more than one time existed simultaneously. The cases reported here extend the range of psychotic reduplicative misidentifications to include not only person, place, and object, but also time.

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SIR: The Capgras syndrome is the rare delusional belief that person(s) important to the patient have been replaced by identical doubles. Included in this is the belief in a double of the patient himself or herself masquerading as the patient but never actually perceived. Of the 133 cases of the Capgras syndrome reported in the English language literature since 1923 and reviewed by Berson (1983), eight cases showed this latter form of the syndrome and of these only three patients in the 50 years believed that they themselves were the double.

Case report: The patient, RS, was reviewed recently when the doctor involved was asked to cover another doctor's duties in a different hospital. RS and the doctor had not met for 10 years, and the patient gave no sign of recognition. After a few minutes, RS stated that this wasn't the RS that had been known previously. That RS had been replaced by a baby of 8 months, or perhaps 2 years, made in a big machine in the main hospital building and ironed out to the patient's size and made to look like the patient.

When seen a few days later the patient persisted in the same delusion but admitted remembering the doctor. How was this? The other RS had passed the information on. In the past, three or four people had masqueraded as RS. Two had since died, one may have been murdered and one married. RS said her father was coming to visit her, and that she sometimes felt an injection in her ear which meant she had to say "aaah" out loud. RS was well oriented and denied feeling depressed, although the nursing staff reported her to be weeping and sad at times. Her chief amusement was smoking. Did she like reading books? No, she couldn't read, being so young.

RS came of a large family and both parents were dead. She qualified professionally in England and had three psychiatric admissions before being admitted to this hospital in 1966 at the age of 25.

From the case notes, in which she was given a diagnosis of schizophrenia, her mental state had changed little over the years. Various paranoid, hypochondriacal and grandiose delusions predominated. She was also noted at times to show incongruity of affect, thought disorder, lack of concentration and insight, poor motivation, ideas of reference and occasional episodes of aggression. There were no reports of depression, disorientation, flight of ideas or overactivity of any sort. Occasional non-verbal hallucinations had been reported.

In 1980 RS had bilateral mastectomies and chemotherapy for lobular carcinoma of the breasts. In 1982, according to her case notes, she claimed not to be RS but a two year old male called Jonathan. She was surrounded by a large invisible plastic box. Another note, in 1983, showed that RS claimed to be a three month old baby in her father's womb. In 1985 a chest X-ray showed metastases in the ribs and sternum.

Current medication included analgesics, anti-emetics, haloperidol, trifluoperazine, fluspirilene and biperiden. The patient was up and about and rarely requested analgesia.

Although organic factors could be postulated, it is easy to understand the denial, the wishful and fearful concrete regressed thinking that has wrought a delusion of being her own facsimile in this woman now so sadly placed on the edge of life.

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BERSON, J. B. (1983) Capgras' syndrome. *American Journal of Psychiatry*, **140**, 969–978.

SIR: In contrast to the oldest patient with the Capgras syndrome (*Journal*, December 1985, **147**, 719–729), I would like to report a case of a 14 year-old adolescent female presenting with a 'delusion of doubles'.

Case report: The patient was admitted to an in-patient child psychiatry unit with a 12 month history of increasing irritability, weepiness and deteriorating school performance, becoming more evident six months prior to admission. Mental state examination revealed a delusional belief that her parents were imposters and that her real parents had had her adopted at the age of six. She identified her real father as being a well-known English rock musician. She maintained that the pictures of herself as an infant were those of her double with whom she had been swapped at the age of six and who was currently living in England in her place. She also manifested clear ideas of reference when listening to the musician's records. She

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recalled 12 months previously experiencing a sudden realisation as to who her real father was when listening to one of the musician's records. This autochthonous delusion persisted from that time. At admission she appeared perplexed, agitated and mildly thought-disordered. Family history revealed that the child's parents separated when she was an infant. Her biological mother had remarried when the child was nine. There were two other female step-sisters in the family, both of whom were well. There was a positive family history of paranoid schizophrenia in the mother's 30 year-old younger sister, beginning when she was aged 16 years. Physical investigation of the patient, including a CT scan and EEG, were unremarkable.

The patient improved symptomatically during the course of hospitalisation. She was treated with neuroleptics. However, her idea of doubles persisted with reduced intensity. She revealed to her therapist that she had experienced an incestuous relationship with the maternal grandfather when she was approximately six years old. In addition, she claimed to have been "raped" by a boyfriend six months prior to admission. Psychosocial investigation substantiated the earlier claims of incestuous experience at the hands of her grandfather.

This is the youngest reported case of a Capgras syndrome emerging within the context of a paranoid psychosis (Berson, 1983; Enoch, 1980). Whilst there was no evidence of organic brain pathology, there was clear evidence of a shy, sensitive personality development in the patient and a positive family history of paranoid schizophrenia. The interplay of the predisposing incestuous experience combined with a further sexual insult appeared important in the development of the acute psychotic reaction described.

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Oral Habits – A Behavioural Approach

SIR: Oral habits are very common in childhood and include nail-biting and finger-sucking, teeth-grinding, mouth-breathing and lip-chewing. They are often associated with psychological problems. I would like to outline the treatment of a 12 year-old boy presenting with nocturnal lip-biting, which resulted in tissue damage and ultimately repair by plastic surgery.

Case report: S was referred by a paediatrician. He had an unsightly, swollen and protuberant lower lip which appeared to be the result of lip-biting during sleep. His mother had noticed blood and saliva on her son's pillow for about two years, but the lip had been obviously swollen following a bout of mumps eighteen months ago. There was no evidence of lip-biting during the day. No precipitating cause was evident for the behaviour, and the boy showed good adjustment both at home and at school.

Star-charts have been used extensively in child psychiatric practice as a way of re-inforcing desired behaviour. After the first interview, S was started on a star-chart which was explained to him in detail. He and his mother were to check his pillow each morning for blood and saliva, i.e. evidence of lip-biting. If present, the chart would remain blank for that day, but a clean pillow would result in a blue star. Three blue stars in a row would merit an extra gold star and some kind of reward to be negotiated between S and his parents. He was advised not to get too down-hearted if he did bite his lip one night but to try again the next night.

The family were reviewed after three weeks, and at this stage S had achieved a star nearly every night. Over the next six months S was reviewed at intervals and the lip-biting soon stopped completely. During this period, S was referred to a plastic surgeon as the lip remained unsightly despite the oedema having settled. The lip is to be surgically repaired within the next few months.

A search of the literature reveals relatively few papers on lip-biting, and these tend to be found in the dental journals. Turley & Henson (1983) conclude that lip-biting is associated with a number of organic and functional disorders. The management depends on the medical history of the child, the aetiology of the behaviour and the severity, frequency and method of inflicting injury. Mentally retarded and autistic children often exhibit severe lip-biting which may be associated with an altered pain threshold. The Lesch-Nyhan syndrome is a specific sex-linked disorder characterised by hyperuricaemia, choreoathetosis, mental retardation and self-mutilation. LaBanc & Epker (1981) describe a case where repeated lip-chewing resulted in destruction of the lower lip and the need for surgical intervention. Normal as well as mentally retarded children often bite the lower lip following an initial dental visit where a local anaesthetic is used. Gilmour *et al* (1984) describe lip-biting in a sixteen year-old girl under the influence of interior dental nerve-block analgesia, complicated by solvent abuse, and resulting in tissue loss. Trauma to the lip is well-known to occur as a result of epilepsy.

Lyon (1983) describes the treatment of lip-biting in a 12 year-old boy of normal intelligence using

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