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

behavioural techniques (tracking, aversive response substitution and relaxation training). Other treatments seem to concentrate on the use of intra-oral appliances.

I found no mention in the literature of lip-biting during sleep, but it appears that the use of a star-chart in this circumstance may lead to a prompt and effective response.

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Lithium-Induced Reaction

SIR: I wish to report a patient who has recently suffered a rare combination of side-effects with lithium carbonate—hair loss and severe acneiform lesions during a three month course of this drug. Although both of these side-effects have been reported very infrequently the combined effects in such a short space of time have not been documented.

Lithium is an alkali metal which is known to accumulate in hair (Kusumi, 1971), and hair loss of varying degrees can occur in the absence of pathology with normal lithium levels (Mortimer, 1984; Muniz, 1982). Often the hair loss subsides despite continuation of the drug. Other cases have reached alopecia totalis, the drug being then discontinued; in all cases the hair re-grew back to normal. The same response can be observed with regard to acneiform eruptions, which can occur in varying degrees, all skin reactions clearing up either with drug continuation or cessation (Okrasinski, 1977; Vacflor, 1970). The above phenomena occur predominantly in females.

Case report: The patient was a 47 year old woman who had suffered from chronic manic-depressive illness for over twenty years. Her physical health was good, although she had undergone a hysterectomy for severe endometriosis five years previously. She also suffered from mild acne in her teenage years. She had never taken lithium prior to this course.

In early November 1985 she was started on lithium carbonate (250 mg t.d.s.). Physical examination, including thyroid and renal function tests, were normal. Within two weeks lithium was increased to 250 mg q.i.d., and kept at this dose as her serum lithium levels were within acceptable limits (0.7–0.9 mEq/L). Her mental state improved considerably over the next month—so much so that she was discharged from hospital following a nine-month admission. On the sixth week after commencement, she complained of sudden generalised hair loss. This was quite severe, but eased by the ninth week. Serum lithium levels remained within normal limits during this time. As the hair loss subsided, the patient noticed small acneiform eruptions over her neck and face. These became painful, enlarged and pusy, and this continued in varying degrees of severity until the thirteenth week—at which time the drug was discontinued. Within two weeks her skin condition had almost completely recovered, but unfortunately her depression had returned and readmission was necessary.

It should be pointed out that over this time the patient opted to remain on lithium despite the hair loss and skin eruptions as her mood disorder had improved considerably. I would be grateful for further comment by any colleagues who may have encountered similar reactions with this drug.

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Psychiatric Manifestation as an Early Symptom of Behçet's Disease

SIR: Neurological involvement is seen in approximately 25% of patients with Behçet's disease (BD). In general, these complications develop in the late stage of the disease when major physical symptoms such as recurrent oral ulcers, uveitis and skin eruptions have already occurred. Psychiatric symptoms usually occur as incidental findings in about half of