Delusion of inanimate doubles

SIR: The report by Anderson (*Journal,* November 1988, **153,** 694–699) presents convincing evidence from the literature that the Capgras symptom includes the duplication of objects, as well as persons, and does not depend on psychodynamic mechanisms. However, he undercuts his argument by emphasising how the patient was emotionally invested in his tools, thereby giving some specificity to the content of the delusion. A good critique of psychodynamic formulations is provided by Sinkman (1983); he also includes the replication of personal items under the Capgras symptom. In fact, Capgras & Reboul-Lachaux (1923, p. 10) note the substitution of a building: "... mais le Prêfet de police, le commissionaire eux-mêmes ont disparu et ont été remplacés par des sosies; 'la prêfecture de police a été renouvelée au moins dix fois en totalité dans ces dernières années; comme ca, personne ne saura l'hitoire (sic) des substitutions'."

In addition to the Capgras symptom, the patient had the Frégoli (believing that a persecutor was masquerading as another) and possibly the intermetamorphosis symptoms. The first part of the discussion shows some confusion in determining the former's presence because of the author's insistence on whether the patient actually saw a particular person; since these are delusional beliefs, the perceptual element is largely irrelevant.

Unfortunately, prosopagnosia rears its head as an explanatory mechanism. Prosopagnosia can be considered to be an inability to recognise a particular example within a single class of objects (not limited to faces) or the "defective contextual evocation for stimuli belonging to a visually ambiguous category"; bilateral symmetrical inferior mesial (fusiform, lingual gyri) occipitotemporal cortical lesions are responsible for this entity (Damasio *et al,* 1982). Psychotic phenomena do not arise from this condition, primarily because the occipital lobe is the least likely area to be the source for delusions.

Although many patients have mentioned minor changes in the appearance of the object of their delusion only a few, of more than 300 cases (Signer, 1987) have shown prosopagnosia or autoprosopagnosia. Of some cases recently with senile dementia of the Alzheimer type, one seemed to have had prosopagnosia (Kumar, 1987), but this may have been part of the disease's more general visual-spatial disturbances. I have examined a patient with the Capgras symptom who could not see the persons believed to be substituted (Signer & Benson, 1987), and one who was blind.

The syndrome of prosopagnosia is not what was intended by the term *agnosie d'identification;* it is clearly a delusion ("cette croyance aux sosies, encore que peu fréquente, s'observe, à titre de symptôme accessoire, dans les Délires de persécution, sous la forme d'une fausse reconnaissance associée à une interprétation erronée ... L'illusion des sosies, chez elle, n'est donc pas, à vrai dire, une illusion sensorielle, mais la conclusion d'un jugement affectif" (Capgras & Reboul-Lachaux, 1923, pp. 12–14). Perceptual phenomena (feature recognition) play a minor or insignificant role in the delusion of substitution; it is much closer to reduplicative paramnesia in cognitive pathology and neuroanatomic origin, with injury to frontal and temporal structures (Signer, 1987).

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Delusional Depression in 19th Century Scotland

SIR: May I be allowed to reply to the letter from Morton (*Journal,* November 1988, **153,** 710–711), although I fear the issues he raises go beyond criticism of a single paper to methodological issues affecting all historical phenomenological research.

There is a tradition of such research which examines clinical data, for example the work by Loudon (1984) on chlorosis. The criticism that such work represents a "category fallacy" is based on two assumptions: firstly that a particular nosological category for one cultural group lacks coherence in another, and secondly, the comorbidity from physical illness may invalidate 'caseness'.

During the 1880s, many of the concepts of melancholia and depression were well advanced in terms of our understanding, with replacement of botanical schematas by empirical principles (Berrios, 1988).

This means that case books from that period contain a wealth of phenomenological data.

The role of comorbidity was examined in its relationship of alcohol, syphilis and tuberculosis, and such existing causes as were considered relevant for the case notes. This is likely to follow such a list as Clouston (1883) reports, for although the classification of his mentor, Skae, had fallen into disrepute, the influence of Morningside on Dumfries was obviously strong.

I am afraid that Morton is unduly influenced by references to Clouston in his assertions about training in psychological medicine in Scotland. Firstly, the Association of Medical Officers of Asylums and Hospitals for the Insane was established in 1853. The names of Superintendents at Crichton are not absent from its Journal. Secondly, Andrew Duncan was a most popular and successful extramural teacher in the Edinburgh Medical School and East House, for which he was the driving force, and which was opened in 1813, had teaching as one of its basic tenets. Sir Alexander Morison instituted a series of lectures in 1823 which were published and ran to four editions, the last published in 1848. He later lectured in London, both lecture courses being continued until 1853. Skae succeeded as Resident Physician Superintendent in Morningside in 1846, and continued the teaching of psychiatry which Morison had inaugurated, lecturing in the extramural school and giving demonstrations. Professor Laycock (1812–76), who held the Chair of Medicine in Edinburgh, was also a distinguished lecturer in mental diseases and their treatment, but Skae would not co-operate with Laycock on the use of clinical material for demonstrations. When Skae died in 1873, Sir John Batty Tuke became an extramural lecturer, and Thomas Smith Clouston was appointed Physician Superintendent at the Royal Edinburgh Lunatic Asylum, Morningside (Henderson, 1964).

I cannot in a letter adequately discuss wider issues of quantitative methods in historical studies, but trust that the points made above will go some way to justify the foundation of the work which was criticised.

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Shoplifting in Families of Mentally Handicapped Persons

SIR: Fishbain (*Journal*, November 1988, **153**, 713) suggests "depression serving as a stimulus to the kleptomaniac behaviour, which in turn has an antidepressant effect through a symptom relief mechanism," as a more precise explanation for the shoplifting than stress. I would like to disagree.

Parents of mentally handicapped people are denied the usual expectation that most other parents have of their children flying the nest. They have to cope with each developmental milestone against a background of vulnerability due to their child's handicap. Psychiatrists working with mentally handicapped people and their families (especially mildly handicapped people living at home with their parents) are often approached for help during the transition from school to work/occupational environments. The importance of stress in these situations cannot be overestimated.

In my original case report (Roy, 1988) Steven's father did not have a previous history of depression. Although he was anxious, he had coped well in the past, and had a good work record. The parents said that they had lead a placid existence until Steven's behaviour changed. There was a clear-cut temporal relationship between the son putting his fist through the window in the evening and the father's offence the next morning. This implicates stress rather than depression triggering the offence. There was no doubt that the father was depressed, but this was probably secondary to environmental factors. There were no features of endogenous depression and it improved without recourse to antidepressants as the environmental factors were dealt with. I suggest that both the shoplifting and the depression were secondary to stress. Another family may have responded to the same stress differently.

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