On admission, the patient's mental state revealed multiple somatic and grandiose delusions, in addition to thought broadcasting, third person auditory hallucinations (short sentences, mood-incongruent, both conversing and commenting voices), and marked thought disorder. One of his unshakable morbid beliefs was that he had been pregnant ("with four boys and a girl") and that he had delivered quintuplets a year ago in a hospital. He was convinced that while pregnant he could feel pressure on his abdomen and ribs and that "babies were kicking about". He believed that his internal organs had been traded with those of a woman, and hence he had a uterus. He believed that he had impregnated himself. His affect was restricted in its range. He was fully oriented with normal memory.

The patient had been born after 42 weeks gestation by breech presentation, after prolonged labour (48 hours). He developed pneumonia and febrile convulsions at 18 months, which did not recur. His developmental milestones were normal, and he passed all his school grades up to age 16, when in a period of weeks his grades dropped dramatically, and he developed psychotic symptoms leading to his first psychiatric admission. He has had eight subsequent admissions to psychiatric hospitals. Despite many trials of neuroleptics over the years, his positive symptoms had been refractory to treatment. His family history is notable for psychiatric illness among second-degree relatives (endogenous depression, epilepsy, and schizophrenia). There was no history of drug or alcohol abuse.

Physical and neurological examinations were essentially normal, as were blood biochemistry (including thyroid, liver, and renal profiles), urinalysis, routine haematology, and a computerised tomography scan and EEG. Following treatment with clozapine (300 mg/day) for 4 weeks, his thoughts were more organised, his hallucinations were less frequent and he was more sociable. However, he remained firm in his belief of having been pregnant and of having delivered quintuplets.

While no gross cerebral pathology was detected, we cannot rule out subtle cerebral dysfunction in view of the history of perinatal complications and febrile convulsions. Like Dr Chaturvedi, we were unable to demonstrate any disturbed family dynamics, a postulated pathogenetic factor in this symptom complex. At a psychopathological level, we wonder whether the preoccupation with bizarre somatic delusions (he believed that his ribs had been "eaten" and replaced, and that organs had been substituted) had led to secondary somatic hallucinations (pressure in his abdomen and ribs, babies moving about), as had been suggested by Hamilton (1976). On the other hand, it may be that somatic hallucinations occurred first and secondarily led to somatic delusions, as it was difficult to get the patient to correctly sequence this symptom, which he had had for approximately 4 months prior to this admission. He displays a retrospective delusion in that while he no longer believes he is pregnant, he backdates his delusion to a year ago, whereas he has held this belief for 4 months.

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HAMILTON, M. (1976) *Fish's Schizophrenia (2nd edn)*, pp 45–46. Bristol: John Wright.

SIR: We were most interested to read the paper by Chaturvedi (*Journal*, May 1989, **154**, 716–718). We should like to report a further case.

Case report: The patient was an unmarried 33-year-old caucasian man. He was born prematurely at eight months with Fallot's tetralogy, which was successfully corrected at the age of 11 years. He is of borderline intelligence (WAIS score 70). He attended ESN (M) (educationally subnormal-mild) school between the ages of 5 and 15, and then worked as a road sweeper until his first episode of psychosis at the age of 23. It is reported that at that time he heard voices saying that he was a poof, a woman, and that he was masturbating. He was sure that he was pregnant, and was in hospital "to have a vagina put on him".

There was no evidence of clouding of consciousness and he had no insight into his symptoms. He was treated with phenothiazines and ECT, with marked improvement, but his symptoms did not completely resolve. Over the next 8 years he continued to receive psychiatric care from general psychiatrists, both as an out-patient and at times as an in-patient, receiving a diagnosis of schizoaffective psychosis.

The patient was admitted recently because he had jumped out of an upstairs window. At interview he expressed his usual paranoid delusions that people were wishing to kill him. He also expressed a firm belief that he was pregnant. When it was pointed out to him that men do not become pregnant, he answered that he knew this but there was always a first time. He was quite concerned about how the baby would be born, as he had no vagina. He thought he had become pregnant by masturbating.

The patient is 5′ 5½ tall, obese, with normal genitalia, and has a girlfriend with whom he has a sexual relationship. Investigations showed normal chromosomes and normal biochemistry. His current medication consists of flupenthixol decanoate injections (60 mg every three weeks) and chlorpromazine (50 mg twice per day).

Dr Chaturvedi's patient was of low intelligence, with an IQ of 42; our patient had an IQ of 70, and unlike Dr Chaturvedi's, did not suffer from epilepsy.

Evans & Seely (1984) have reported pseudocyesis in a male who, like our patient, had a diagnosis of schizoaffective disorder.

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Reference

EVANS, D. L. & SEELY, T. J. (1984) Pseudocyesis in the male. *Journal of Nervous and Mental Disease*, **172**, 37–40.

CORRIGENDUM

Journal, June 1989, **154**, 754–767 (L. Eisenberg). In the footnote on p. 754, *'and Communication in Medicine'* should be deleted.

A HUNDRED YEARS AGO

"Is instrumental delivery a cause of idiocy".

To the Editors of THE LANCET

SIRS,—In your issue of Jan. 5th, under the above heading, reference is made to a paper in a Dutch medical journal by Drs. Winkler and Bollaan on the "Forceps as a Cause of Idiocy", and it is stated that "they are disposed to think that the use of forceps is much more frequently the origin of idiocy than is generally supposed". I am afraid that if this statement is allowed to go forth to the profession uncontradicted, great harm will result; for the researches of those of us who are engaged in the training and treatment of idiots and imbeciles prove that the use of the forceps has much less influence than their disuse in the production of idiocy and imbecility. I have for some years taught the students, who are sent here by some of the lecturers on psychological medicine, that prolonged and difficult labour is a potent cause of imbecility, and that in such conditions it is better to put on the forceps than to run the risk of prolonged compression of the head, resulting in asphyxia, paralysis, and other evils. Of course, one supposes that the forceps will be put on carefully. I have lately been inquiring into this very subject, and, putting aside the predisposing causes of intemperance, insanity, imbecility, epilepsy, &c., which are often present, I find that of 810 cases, in which I have been able to obtain histories, only thirty-five, or 4.3 per cent, are said to be due to the application of forceps, while 216, or 26.6 per cent, are due to the prolonged and difficult labour. Further, the majority of these cases, when born, were not only asphyxiated, but were in a helpless condition, some having lost the use of their legs, others becoming subject to convulsions. Moreover, the head was often crushed, elongated, discoloured, and deformed. On the other hand, in the thirty-five cases which had been delivered by forceps, only seven were helpless or paralysed. I therefore maintain that the use of the forceps is preferable to prolonged and difficult labour, and I would ask the profession not to be mislead by the few cases of Drs. Winkler and Bollaan.

I am, Sirs, yours faithfully,

FLETCHER BEACH

Darenth Asylum for Imbecile Children, Jan. 7th 1889.

Reference

The Lancet, 12 January 1889, 97.

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