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Correspondence

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The Editor, British Journal of Psychiatry, 17 Belgrave Square, London SW1X 8PG

SELF-INJURY IN THE SEVERELY DEFECTIVE

DEAR SIR,

Most mental deficiency hospitals have a few patients who habitually hit, bite, scratch or otherwise injure themselves and for whom satisfactory treatment is exceedingly difficult. Aversion therapy with electric shocks has been tried, but there are difficult ethical considerations in using this form of treatment.

We have recently had significant improvement in some of these patients by treating them with Baclofen, a drug which is a chlorophenyl derivative of the neurotransmitter GABA. The first change noted has been one of mood, when the patients are observed to be quieter and happier. Subsequently there has been a diminution in the amount of self-injury. Dosage has usually had to be increased, and in some improvement has now been maintained for more than a month. A few patients have not shown any improvement.

Some of the patients having treatment are known epileptics. The only possible side-effect so far noted has been enuresis in a youth who had previously been toilet-trained.

It will take a prolonged trial to assess this form of treatment, but the results so far seem to justify a preliminary report.

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AN OPEN LETTER ON WARD ROUNDS

DEAR SIR,

I was glad to see 'An Ex-Patient's' letter in your correspondence column (*Journal*, January 1978, **132**, 111). Just such a protest was badly needed. My out-patient work nowadays brings me only tangentially in contact with those in-patient situations, and as an onlooker I have been astonished at this—as it seems to me—uncomprehending, even unfeeling practice.

Psychiatric patients, by and large, are more sensitive to invasion of privacy than is the average person. Psychotherapy and, one would hope, other forms of psychiatric treatment pay tribute to the individuality of the person, and to the privileged position of communication between patient and doctor and within the therapeutic group. If those meetings, where less involved members of the Staff also attend, are considered necessary for teaching purposes, this ought to be discussed with patients beforehand, and their consent obtained.

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CAPGRAS' SYNDROME AND PROSOPAGNOSIA

DEAR SIR,

Drs Hayman and Abrams, in their stimulating article (*Journal*, January 1977, **130**, 68–71), have suggested that 'prosopagnosia (face non-recognition) may be the primary expression of a specific cerebral dysfunction which forms the basis for a delusional elaboration resulting in Capgras' syndrome'. We too have considered the possibility of contribution of a prosopagnostic mechanism in the pathogenesis of some other kinds of delusional misidentifications (3). We investigated eleven patients with delusional misidentifications (seven with Capgras' syndrome, three with the syndrome of Frégoli and one with the syndrome of subjective doubles) for prosopagnosia. The patients were matched for age, sex and educational level to a group of healthy controls, and for age, sex, educational level and basic illness to a group of psychotic patients. The test for prosopagnosia by Tzavaras *et al* (4) was utilized. The patients with delusional misidentifications took a longer time to accomplish the test in comparison to the healthy controls ($P < 0.01$) but not in comparison to the psychotic controls. With respect to the number of errors, the performance of the patients was (surprisingly) better than that of the psychotic controls ($P < 0.01$) and did not differ from that of the

healthy controls. No differences were noted between the Capgras and the Frégoli groups of patients, either with respect to time taken for the accomplishment of the test or with respect to errors.

The above observations have been incorporated in the Associate Professorship Thesis of the second of us (1) and in a paper presented at the 7th Greek Congress in Neurology and Psychiatry (2), but since both communications were made in Greek, Drs Hayman and Abrams could not have been aware of them.

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References

1. Christodoulou, G. N. (1975) The syndrome of doubles. Associate Professorship Thesis, Athens University.
2. —— Loulakaki-Malliara, S., Kokkevi, A. & Synodinou, C. (1975) Syndrome of doubles in the setting of depression. 7th Panhellenic Congress in Neurology and Psychiatry, 31 October 1975.
3. Syodinou, C., Christodoulou, G. N. & Tzavaras, A. Delusional misidentifications and prosopagnosia. (In preparation.)
4. Tzavaras, A., Hecalen, H. & Le Bras, H. (1970) Le problème de la spécificité du deficit de la reconnaissance du visage humain lors des lésions hémispheriques unilaterales. *Neuropsychologia*, **8**, 403–16.

RENIN AND DEPRESSION

Dear Sir,

We have read the paper by Dr Hullin and his associates, 'Renin and Aldosterone Relationship in Manic-Depressive Psychosis' (*Journal*, December 1977, **131,** 575–81). We were particularly interested to learn about the 'blunted response (of PRA) to change of posture' in patients with primary affective disorders (PAD), similar to that observed in patients with 'autonomic insufficiency and receiving β-adrenergic blocking drugs such as propranolol'.

We should like to comment that we ourselves (Altamura and Morganti, 1975) had at an earlier date reported, in patients with endogenous depression, standing PRA values significantly lower than in healthy controls, whereas recumbent PRA values were only somewhat lower than in the same healthy controls but short of statistical significance. In those patients, treatment with lithium salts tended to raise both recumbent and standing PRAs. In that paper, also, we put forward the hypothesis of a reduced function of β-adrenergic receptors in endogenous depression. More recent data, comparing PRA values in patients with primary and secondary depression (Altamura *et al*, 1977) apparently confirm our own earlier observation as well as those of Dr Hullin *et al*, namely that orthostatic stimulation would produce poor activation of the renin-angiotensin system in patients with primary depression, as it does in patients treated with β-adrenergic blocking agents—the same agents, in turn, producing depressive states (Waal, 1967). There is, however, a discrepancy between our recent findings and Dr Hullin's, i.e. that our patients with endogenous depression showed no tendency to increased recumbent PRA values but indeed the opposite. This may be explained in two ways. One is that Dr Hullin *et al* drew their data from a group of only three patients, probably not enough to warrant final conclusions. And the other is that all three of Dr Hullin's patients might have been bipolars with rapid mood switches. Last, we may add that our follow-up observations of PRA values in three patients receiving long-term lithium therapy indicate continuing high values for both standing and recumbent positions after more than two years of treatment.

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References

Altamura, A. C. & Morganti, A. (1975) Plasma renin activity in depressed patients treated with increasing doses of lithium carbonate. *Psychopharmacology*, **45,** 171–5.

—— —— Smeraldi, E. & Zanchetti, A. (1977) Plasma renin activity in primary and secondary depression. *Archiv für Psychiatrie und Nervenkrankheiten*, **224,** 313–18.

Hullin, R. P., Jerram, T. C., Lee, M. R., Levell, M. J. & Tyrer, S. P. (1977) Renin and aldosterone relationships in manic depressive psychosis. *British Journal of Psychiatry*, **131,** 575–81.

Waal, H. J. (1967) Propranolol-induced depression. *British Medical Journal*, *ii*, 50.