at least 6–10 weeks of treatment at 3 mg/kg/day. With re-emergence of the TS symptoms it might be worth trying a combination of clomipramine with clonidine, which is an α-2 agonist and inhibitor of noradrenaline secretion. Behavioural treatments that failed in the past might be considered at a later stage. In adolescents the dosage ranges of the serotonergic agents are often similar to that of adults: up to 250 mg of clomipramine and 20–80 mg of fluoxetine per day. In children the clomipramine dose is usually 3 mg/kg/day and the fluoxetine dose 10–40 mg/day. However, systematic studies establishing specific therapeutic serum levels do not exist for adults or children.

This case is unique in that it is the first report to our knowledge of the onset of TS-like symptoms with fluvoxamine in a patient with OCD and no previous diagnosis of TS.

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Self-inflicted Intracranial Injury

B. K. PURI, A. EL-DOSOKY and J. S. BARRETT

A man suffering from persecutory delusions attempted to commit suicide by holding the head of a three-inch masonry nail against a wall and head-butting its point until he had driven it fully into his forehead.
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Case report

C is a man in his thirties who presented at an accident and emergency department complaining of a headache, which he attributed to the presence of a three-inch masonry nail in his head. He had decided to commit suicide the previous night, and had accidentally stumbled upon the nail. He held its head against a wall, and head-butted its point until it was fully driven into his forehead. Somewhat surprised to find he had not died, he returned to his temporary accommodation and fell asleep. The following morning he noticed a severe throbbing pain at the site of the nail entry and called for an ambulance.

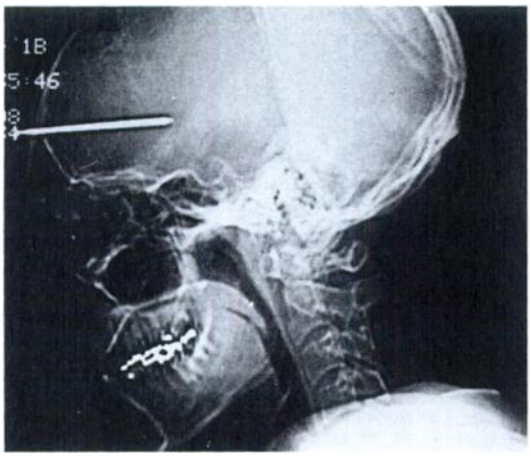

Fig. 1 Lateral skull radiograph showing the nail *in situ*

He was fully conscious and oriented on arrival at hospital, and there was no evidence of a neurological deficit. He was, however, very irritable, suspicious and guarded, refusing to answer most questions.

Plain radiography showed that the nail had been fully driven into his cranium (Fig. 1). Computerised tomography demonstrated that it had entered the left frontal lobe and showed no evidence of intracranial haemorrhage. During bifrontal craniotomy to remove the nail, it was observed that it had passed through the most anterior aspect of the superior sagittal sinus into the left frontal lobe.

He expressed a strong wish to leave hospital in spite of the risk of postoperative complications. He was irritable and suspicious but did not appear overtly depressed. He expressed persecutory delusions, including the belief that the staff were treating him badly. He refused to answer questions concerning perceptual abnormalities, showed an impaired ability to think abstractly, and had no insight.

He was detained under section 2 of the Mental Health Act 1983, and treated with sulpiride. Within one week he became less suspicious. Although still not fully cooperative, he was more forthcoming about his life. He had run into financial difficulties and broken up with his girlfriend. He had also suffered from auditory hallucinations, which had stopped after he started taking sulpiride; he refused to give any further details.

Discussion

Whatever the exact nature of his psychotic disorder, this patient clearly benefited from pharmacotherapy with a neuroleptic. The case illustrates some typical features commonly associated with bizarre self-inflicted injuries, including the presence of a psychotic disorder with persecutory delusions (Jones, 1990), residence in an inner city, and low socio-economic status (Jarvis *et al*, 1982).

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Homosexual Erotomania and HIV Infection

NEIL BOAST and JEREMY COID

A case of homosexual erotomania is described in a patient with AIDS-related complex. Direct involvement of the central nervous system was thought an unlikely cause, as specific stressors appeared to have precipitated a reactive psychosis. A psychodynamic understanding of these factors and their interaction with the patient's masochism, fetishism, and personality disorder provided an alternative explanation for the onset of the paranoid illness and its symptom content. The psychodynamic aspects of acute psychotic disorders without evidence of cognitive impairment in patients with HIV infection is a neglected area of study.

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