

Liverpool. The audience will include medical staff from other teams, undergraduates, social workers, psychologists and others from allied professions, and it is expected that these meetings will raise standards of education and management to the benefit of all users of the service.

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### *A register of Munchausen cases?*

DEAR SIRs

I recently encountered an interesting variant of Munchausen's Syndrome. A young man was admitted to an adult medical ward with acute bronchorestriction. He said that he was 14 and had nowhere to live. Both his parents were dead and he had been brought up by his step-father who had sexually abused him. For the previous week he had been hitch-hiking around the country. When the hospital social worker and I interviewed him the next day, he tended to ignore me, but smiled warmly at her and held her hand. His manner was remarkably immature for his stated age but his mental state examination was otherwise normal. His bronchorestriction had completely resolved.

As he had threatened to abscond, the social worker considered using a Place of Safety Order if he attempted to leave the ward. Eventually we were able to establish that he was an 18-year-old 'hospital hopper' with the ability to induce asthmatic attacks severe enough to warrant hospital admission, and who was known to several other hospitals throughout the country.

What is the position of the professional with regard to the use of a Place of Safety Order in such a case? Clearly there is no problem when there is no doubt that the client is anything other than the given age, but where there is doubt, as in this case, it would seem prudent to inform the Magistrate of one's suspicions and let him make up his own mind. Interestingly, there is no reference to this situation in the Children and Young Person's Act 1969, the Children's Act which is due to come into effect next year, or the legal literature. As to whether an adult subjected to a Place of Safety Order would be able to sue the applicant for wrongful detention, such action would be unlikely to be successful since the subject had deliberately placed himself in a position where detention was likely, and the applicant had acted "in good faith".

The suggestion that there should be a central register of Munchausen cases has been made before (Markantonakis & Lee, 1988; Jones, 1988). I suggest that such a register include photographs, since a description alone is rarely adequate to identify an individual unequivocally. Rapid access to photographs and data should present no problem as more hospitals acquire fax machines.

I should like to thank Michael Petley of the College of Law for his advice.

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### *References*

- MARKANTONAKIS, A. & LEE, A. S. (1988) Psychiatric Munchausen's syndrome: A College Register? (letter). *British Journal of Psychiatry*, **152**, 867.
- JONES, J. R. (1988) Psychiatric Munchausen's syndrome: A College Register? (letter). *British Journal of Psychiatry*, **153**, 403.

### *Psychiatric syndromes in literature*

DEAR SIRs

As a Belgian-born psychiatrist, I was delighted to read the article by Förstl *et al* (*Psychiatric Bulletin*, December 1990, **14**, 705–707) which draws attention to the description of the Capgras delusion by the late Georges Rémy (better known under the pen name Hergé). Although the phenomenon's origins have been traced to classical myths (Christodoulou, 1986), the clinical features were first delineated by Kahlbaum (1866), more than 50 years before the report in 1923 by Capgras and his assistant, Reboul-Lachaux. Recently, it has been argued that the interest in delusional misidentification of French psychiatrists in the 1920s was sparked off by a popular series of novels depicting the exploits of the criminal Fantômas, who could assume the appearance of others!

A fascinating description of the Capgras delusion, from the patient's point of view, can be found in the autobiography of Clifford Beers (1908), founder of the American mental hygiene movement. During an episode of psychotic depression, Beers became convinced that friends and relatives had been replaced by sinister impersonators. As the depressive symptoms resolved, so did the Capgras phenomenon and the author gained insight into his delusional beliefs.

Another Belgian writer who has given a colourful account of a psychiatric condition is the late Georges Simenon, creator of the detective, Inspector Maigret. Apparently Simenon had once considered becoming a psychiatrist himself but was unable to study medicine for financial reasons, turning to literature instead! In *Monsieur Lundi*, written in 1941 or 1942 but published in 1944, he described a woman suffering from erotomania with the classical and potentially dangerous features delineated two decades earlier by de Clérambault. However, Simenon, who had no compunction about describing his own sexual exploits, does not seem to have been acquainted with the writings of this influential French psychiatrist,

now virtually unknown in the Anglophone literature except for his eponymous syndrome. Unaware of de Clérambault's tragic suicide in 1934 and that his collected papers were published *posthumously* in 1942, Goldstein (1986) concluded that "a new (*sic*) psychiatric syndrome [had] been . . . discovered . . . in a work of literary fiction before (or perhaps concurrently with) its official 'discovery' by psychiatry" and, in an "effort to assign scientific credits and priorities fairly", suggested that erotomania be renamed "Simenon's syndrome"! Surely proof that truth can be at least as strange as fiction . . .

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### References

- BEERS, C. W. (1908) *A Mind That Found Itself*. New York: Longman's Green.
- CHRISTODOULOU, G. N. (1986) The origin of the concept of 'doubles'. *Bibliotheca Psychiatrica*, 164, 1–8.
- DE CLÉRAMBULT, G. G. (1942) Les psychoses passionnelles. In *Oeuvre Psychiatrique, Vol. 1* (ed. J. Fretet) Paris: Presses Universitaires de France.
- GOLDSTEIN, R. L. (1986) Forensic psychiatry and literature part I: Simenon's syndrome or de Clérambault's syndrome? (A psycho-literary postscript to erotomania). *Psychiatric Journal of the University of Ottawa*, 11, 15–17.
- KAHLBAUM, K. L. (1866) Die Sinnesdelirien. C. Die Illusion. *Allgemeine Zeitschrift für Psychiatrie*, 23, 56–78.
- SIMENON, G. (1944) Monsieur Lundi. In *Les Nouvelles Enquêtes de Maigret*. Paris: Presses Universitaires de France.

### Words of wisdom

DEAR SIRs

The first instalment of Larry Culliford's series (*Psychiatric Bulletin*, December 1990, 14, 734) makes interesting reading. I look forward to the rest of what promises to be a very worthwhile contribution. I also commend the *Psychiatric Bulletin* for encouraging an interest in philosophy.

Dr Culliford concludes this first instalment with, "Here is the chicken: wisdom. Here is the egg: a free and discerning mind. Which shall we choose to put first?", and refers this as a *paradox*.

A paradox is a situation that arises when, on the basis of valid deductions from generally accepted premises, a conclusion is reached which appears absurd or self-contradictory, or conflicts with other generally accepted beliefs.

There are basically two types of paradoxes: the *logical* (for example, Cantor's paradox, Burali-Forti's paradox, Russell's paradox), and the *semantic* (for example Zeno's famous Paradoxes and the Liar Paradox – the statement "I am lying" is true if it is false and false if it is true). The Clock Paradox in

Einstein's Special Theory of Relativity is in a class of its own, for it is a *prediction* of the theory itself, much as the theory predicts the existence of black holes.

Temple (1981) is of the view that paradoxes "may well be due to faulty ideas concerning thought and language and not to faulty logic or mathematics"; while Russell (1908), himself the discoverer of an important paradox, dismisses them as the results of a vicious circle of thinking.

Paradoxes are supposed to force us to re-examine our ideas. However, all they actually achieve is our frustration and perplexity. None has been of any use, or been demonstrated, with the single exception of the Clock Paradox, which states that, when observed from a stationary frame of reference, clocks run more slowly in a frame of reference moving at speeds close to the speed of light.

Returning to Dr Culliford's short piece, it is not clear what he means when he speaks of putting one or the other first – wisdom superior to, exists prior to, or is more desirable than, a free and discerning mind, or vice versa? Based on the discussion above, you can see that what he has there is definitely *not* a paradox. It is simply a question, at best an unfathomable enigma.

If Dr Culliford is contemplating using paradoxes in his series may I be allowed space to share this note with him: paradoxes are *not* the best way of learning or teaching. They take up too much mental energy for which there is very little reward. Try *parables* instead. Parables once heard are never forgotten and their meaning continues to unfold to us for the rest of our lives. An excellent example is the parable with which he introduces the short essay referred to in this response.

If you heard Aesop's fables or Christ's parables as a child I bet you could remember them in full detail today, even if you had never heard them repeated since then, and the wisdom they contain grows as your own consciousness unfolds.

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### References

- RUSSELL, B. (1908) Mathematical logic based on the theory of types. *American Journal of Mathematics*, 30, 222–262.
- TEMPLE, G. (1981) *100 Years of Mathematics*. London: Duckworth.

### Odious correspondence

DEAR SIRs

There is more than a whiff of sanctimonious self-righteousness in the letters of Seager, Drummond and Young (*Psychiatric Bulletin*, November 1990, 14, 679).