

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 bronchostriction. 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 bronchostriction 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

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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,