correct. Perhaps 'semeiology' (Gr. *semeion*) should be used to mean the knowledge of signs and 'symptomatology' (Gr. *symptoma*) the knowledge of symptoms. A Greek scholar could help out here! The French use the term *séméiologie* as a sort of cover-all term for both signs and symptoms.

Further to the paper by Drs Rogers and Pullen, I would draw attention to the weird sign in a photograph published by Kempf (1920), who was at the time working at St Elizabeths Hospital in Washington, DC. The illustration, Fig. 85 on p. 728, has the caption, "Elimination or castration of eyeball as a defense (*sic*) against eroticism". This photograph showed a man who has apparently pulled his left eyeball out of its socket. Unless the picture is a fake, this illustrated a case of self-inflicted dislocation of the eyeball. One hopes that the eye ultimately went back to where it belonged!

Enucleation of the eyeball, or dislocation, is to be differentiated from extirpation and damage short of removal from the orbit. Three cases of extirpation of the eyeball were drawn from the early literature by Gould & Pyle (1896), and there are no doubt other reported cases and many more which were not.

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### References

GOULD, G. M. & PYLE, W. L. (1896) *Anomalies and curiosities of medicine*, p. 735. Philadelphia: W. B. Saunders.
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SIR: Rogers & Pullen's paper (*Journal*, November 1987, **151**, 691–692) reminded me of a patient.

*Case-report:* A 47-year-old married women with no history of psychiatric illness was referred to us in 1985 from the casualty department of the local county hospital. Early that evening the patient had tried to harm herself with a bread knife. She had tried to gouge both her eyes out and cut her wrist and legs. Fortunately her husband arrived at the scene and prevented her from injuring herself seriously. She had sustained sub-conjunctival haemorrhages to both the eyes and there were lacerations on both her eyelids. On examination of her mental status she was agitated and uncooperative. Her memory and orientation were intact. She had paranoid delusions, auditory hallucinations, and religious preoccupations. She kept repeating "I have to have a knife. I want to die for God. I have to take my eyes out". She refused to explain it. She was commenced on tablet chlopenthixol (25 mg t.i.d.). Her laboratory investigations revealed that she was grossly hypothyroid – free $T_4$ 1.8 pmol/L, TSH 133.2 μU/ml. For this she was prescribed tablet thyroxin (50 μg daily). She made an uneventul recovery and was discharged from our care after four months. She has remained symptom-free.

The patient injured herself while acting on her delusions and had an underlying organic disorder. I agree with Rogers & Pullen that self-mutilation of the eye is not a single clinical entity, and we are told that it is usually associated with psychosis or organic disorders such as epilepsy, encephalitis, and diabetes. Self-inflicted eye injury secondary to delusions is understandable. What could be the possible explanation when it occurs in the context of organic disorder? I suggest that there may be a neurochemical factor involved.

I am grateful to Dr Fred. J. Bareen for giving me permission to report this case.

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## Paranoid Psychosis and AIDS

SIR: It is laudable that Thomas & Szabadi (*Journal*, November 1987, **151**, 693–695) have drawn attention to the possibility of an unusual presentation (paranoid psychosis) in a disease of enormous medical and social concern (AIDS). However, to my mind the case remains unproven, as multiple drug abuse leading to paranoid symptoms does not appear to have been carefully considered nor tested for in the usual way by the screening of blood or urine.

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SIR: I am concerned by the conclusion drawn by Drs Thomas and Szabadi in their case report of paranoid psychosis in AIDS (*Journal*, November, 1987, **151**, 693–695); they state, "in every patient presenting with a psychosis of unknown origin and a history of intravenous drug abuse, AIDS should be suspected and the test for HTLV III antibodies be performed".

It should of course be the reflex of any competent psychiatrist to perform physical investigations in cases of paranoid psychosis, in order to exclude physical illness of a variety of sorts. It is equally clear that there was little doubt from the clinical presentation of the patient described that he was indeed physically, as well as mentally, ill. However, to sanction the determination of HIV antibody status seems