evaluating safety in oral contraception, and as was shown by the belief that masturbation caused insanity. The dangers of addiction and HIV infection are both so great that we should, as a profession, try to get the right response and carry society with us.

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Children surviving parental murder

SIR: We agree with Black & Kaplan (*Journal*, November 1988, **153**, 624–631) that children surviving after the father has killed the mother should not automatically be placed with relatives, and that a child psychiatric team has an important role in the intervention following such tragedies. We have been involved in two cases recently which highlight Black & Kaplan's recommendations.

Case Report (i): A 12-year-old girl presented with multiple tics and vocal utterances a few months after starting secondary school. Her father had killed her mother when she was an infant, and she had been placed with her maternal grandparents, whom she had come to know as "Mummy and Daddy". They had taken her regularly, through her primary school years, to the grave of "Mummy Gloria", but had never told her who this was or what had happened. They completely refused to talk about her father, and her paternal grandparents had been totally excluded from contact with her before she had reached the age of 2. They refused to allow the girl to be seen by her father in prison. When the girl was 8 years old they were seen by a child psychiatrist, at the request of social services, regarding the advisability of access to her father. They refused to talk to the girl about her father, wanting to put off such discussion till she was older. In the face of the opposition to him, the father eventually gave up trying to make contact with the girl. In her first few months at secondary school she mixed with peers from the wider community, some of whom had passed remarks to her about her father having killed her mother. Shortly after this, her symptoms led to her referral to us. Despite various treatment approaches, her symptoms have run a fluctuating course, and her grandparents have persistently avoided all attempts to talk openly, either individually or in family sessions, about the circumstances of her mother's death. The girl's education has been considerably disrupted due to handicapping symptoms.

Case Report (ii): Three children, aged 4, 7, and 9, were referred to us by a social worker, along with three sets of maternal aunts and uncles with whom they had been placed following the killing of their mother by their acutely psychotic father. The social worker wanted counselling for the children and for the aunts and uncles, who already were non-verbally giving the message to the children that talk of the father was taboo. Joint interviews were held on a number of occasions with all three sets of relatives to discuss their loss of their sister, their feelings towards her husband, who was in a special hospital, and how the children's needs to grieve their mother and retain a positive perception of their father could be best met. There were also persisting fears regarding the short lived nature of the father's psychiatric illness and the possibility that his children might one day pose a similar threat to their own children. The children were seen individually and as a group. As their respective foster families all lived within a short distance of each other, and as they still attended the same school, their sense of identity as siblings was being maintained. Each was also a member of another family. They knew what father had done and had found a way of coping with it – he had "gone out into the cold without his cap on and had got a cold in his head". He was thus ill when he had killed their mother. All three families were helped to mark the anniversary of the tragedy by a visit to mother's grave for a shared placing of flowers.

In case (i) the psychological stresses of being placed with maternal grandparents who failed to resolve their grief and anger have probably contributed heavily to the development of a Gilles de la Tourette syndrome. In case (ii), intervention at an early stage after placement with maternal relatives will hopefully facilitate a better outcome.

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Capgras' syndrome and town duplication

SIR: Anderson (*Journal*, November 1988, **153**, 694–699) concludes that the Capgras phenomenon is not specific for people, but includes a range of objects of importance in the patient's life. Traditionally, the Capgras phenomenon was said to be a delusional misinterpretation of people enjoying a close personal relationship, most often the spouse, and this could be explained in psychodynamic terms by ambivalence on the part of the patient towards the person who has been duplicated. We describe a case in which the affective bond to the inanimate object is totally absent.

Case Report: Mr E. was a 32-year-old fireman, who presented to the casualty department complaining that the town in which he lived had been duplicated "somewhere in Asia". He had no previous psychiatric history. On the night in question, he presented unkempt and unshaven, in a high state of arousal. His speech was pressured and he described his thoughts as "crashing over each other". He said he had

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