another episode in which her catatonia and fever improved with ECT. The younger daughter also had an episode of fever and autonomic instability without rigidity with no neuroleptics. (Castillo suggested that muscle rigidity may be absent in lethal catatonia). These cases could be diagnosed as lethal catatonia rather than NMS.

Drs Dalkin & Kennedy, and Drs White & Robins, stated that the two conditions are indistinguishable on clinical grounds and the pathophysiologies are similar, although others (Castillo *et al*, 1989; Fleischhacker *et al*, 1990) attempted to differentiate between the two conditions. Fleischhacker believes that many patients, having been started on neuroleptics, diagnosed as NMS, might actually have been lethal catatonia. Is it possible that we are diagnosing the same condition that was first described by Calmeil in 1832 and numerous times thereafter as NMS when neuroleptics are prescribed, and as lethal catatonia when they are not?

Drs Otani *et al* mentioned in their paper that they could not find any reports on familial NMS in the literature. Stauder, in his original description of lethal catatonia, reported a family history of catatonia, including lethal catatonia, in half of his 27 cases.

CASTILLO, E., RUBIN, R. & HOLSBER TRASCHLER, E. (1989) Clinical differentiation between lethal catatonia and malignant neuroleptic syndrome. *American Journal of Psychiatry*, **146**, 324–328.

FLEISCHHACKER, W. W., UNTERWENGER, B., KANE, J. M., *et al* (1990) The neuroleptic syndrome and its differentiation from lethal catatonia. *Acta Psychiatrica Scandinavica*, **81**, 3–5.

STAUDER, K. H. (1870) Die todliche katatonie. *Archiv fur Psychiatrie und Nervenkrankheiten*, **102**, 614–634.

T. K. S. TAN

Department of Psychological Medicine
National University Hospital
Singapore

S. H. ONG

St Mary Abbots Hospital
London W8 5LQ

Psychiatrists and citizens

SIR: Dr Jim Birley's Presidential Address of July 1990, reproduced in the *Journal* (July 1991, **159**, 1–6) is elegant, erudite, eloquent and timely.

At the first William Sargant Lecture, in July 1991, in the presence of Dr Sargant's widow, Dr Birley, in giving the vote of thanks to the speaker, chose to recall, as risible, Dr Sargant's objection to the Modecate study as unethical (Hirsch *et al*, 1973). This was a study carried out at the Institute of which Dr Birley was dean. The consent of the patients was neither sought nor obtained, the families were not informed and the general practitioners not asked to approve. Sixty-six per cent of the patients on placebo relapsed.

What makes Dr Sargant's observance of the "God given condition of eternal vigilance" a matter for levity, if not scorn? Does not Dr Sargant's action more appropriately "Deserve the love and thanks of man and woman"? (Paine, 1778).

Is there a price to be paid for thinking that 'eternal vigilance' begins at home?

HIRSCH, S. R., GAIND, R., ROHDE, P. D., *et al* (1973) Outpatient maintenance of chronic schizophrenic patients with long acting fluphenazine: double-blind placebo trial. *British Medical Journal*, *i*, 633–637.

PAINE, T. (1778) *Crisis*.

GERALD SAMUEL

12 Castle Garden
Petersfield
Hampshire GU32 3AG

Frégoli transformed

SIR: We read with interest the report by O'Sullivan & Dean (*Journal*, August 1991, **159**, 274–277) of four cases of the Frégoli delusion occurring in puerperal illnesses. Previous references in the literature to delusional misidentification in this setting mentioned only the Capgras type (e.g. De Leo *et al*, 1985).

However, the descriptions of the patients, as reported, do not correspond to the classic one of Courbon & Fail. The hallmark of the Frégoli phenomenon is the delusional misidentification of familiar persons disguised as others. By our reading, all four cases could have exhibited the phenomenologically related, but much rarer, intermetamorphosis delusion, which refers to the conviction that a key person has been physically transformed into another. Of course, patients often show an admixture of symptoms, which may make the exact delineation of phenomenology something of an exercise in sophistry.

Over the last seven decades, a plethora of mutually incompatible, psychodynamic explanations, reflecting the imagination and conceptual frameworks of individual authors, have been invoked to account for the Capgras and other delusions of misidentification. However, as Guze (1988) has succinctly pointed out, the psychotherapeutic process is intrinsically incapable of establishing the causal basis of psychopathology, and aetiological hypotheses generated during therapy are therefore of doubtful validity unless tested critically outside this situation. Of course, this does not imply that psychosocial factors do not play a part in the development of the content of such delusions – what remains to be proven is that such factors are necessary and sufficient.

https://doi.org/10.1192/bjp.159.5.730a Published online by Cambridge University Press