

important when rating 'caring'. Furthermore, facial expression was the most important factor when rating females on all dimensions. Posture made little contribution to ratings for either male or female doctor.

Dress is an important factor in attribution of certain personality traits but its importance declines when rating female doctors, whereupon facial expression supersedes it. Gone are the days of worrying in front of the wardrobe: just wear a smile.

**Gledhill, J. A., Warner, J. P. & King, M. (1997)**

Psychiatrists and their patients: views on forms of dress and address. *British Journal of Psychiatry*, **171**, 228–232.

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### Anorexia and the overvalued idea

**Authors' reply:** While we remain confident about the validity of the selection criteria employed for the patients with anorexia in our study (Jones & Watson, 1997), it is reasonable for Professor Treasure (1997) to request more information. All of the 20 in the sample had been diagnosed as having anorexia using ICD-10 guidelines (F50.0; World Health Organization, 1992). Eighteen of the 20 were either out-patients of, or had been admitted to, the Eating Disorders Unit of the Royal Free Hospital; the remaining two were in-patients at the York Clinic, Guy's Hospital. All had been recruited consecutively with three refusals. At the time that they were tested, 18 of the 20 were at least 15% below their expected weight, scoring less than 17.5 according to Quetelet's body mass index. Of the remaining two patients, one was marginal (17.6), while the other had recovered to 19.0, but both retained overvalued ideas about their weight and, therefore, were included in the

study. Those in treatment, who had significant weight gain or who changed their beliefs about body image or of the necessity to diet, were excluded, as were patients diagnosed as having bulimia (F50.2). During the testing, it was emphasised to subjects that completion of the rating scale was not part of their treatment programme and, where possible, patients were seen before their regular out-patient appointment.

**Jones, E. & Watson, J. P. (1997)** Delusion, the overvalued idea and religious beliefs: a comparative analysis of their characteristics. *British Journal of Psychiatry*, **170**, 381–386.

**Treasure, J. (1997)** Anorexia and the overvalued idea. *British Journal of Psychiatry*, **171**, 190.

**World Health Organization (1992)** *The ICD-10 Classification of Mental and Behavioural Disorders*. Geneva: WHO.

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## One hundred years ago

### Extraordinary Self-Mutilation During Delirium Tremens

In the *New York Medical Journal* of Dec. 25th, 1897, Dr. Hendon has published the following case. A well-built, muscular young man was admitted to hospital in the active stage of delirium tremens. He constantly referred to his tongue and complained that it was choking him to death. No heed was given to this statement as it was regarded as a hallucination. He was persuaded to lie down and to be quiet. When seen again in half an hour he was on his knees frantically thrusting first one and then the other hand into his mouth, as if trying to dig out something with his fingernails. On the floor was a large pool of blood. He was thought to be suffering from

haematemesis and endeavouring to clear his mouth of clots. His tongue was then found on the floor; it had been torn out by the root. The haemorrhage was checked by the application of Monsel's solution and the patient's hands were secured in a leather muff, but in about an hour he succeeded in freeing them, again clawed at the root of his tongue while the blood spurted in jets between his fingers. When Dr. Hendon approached he sprang upon him with the fury of a maniac and forced him to the floor. He endeavoured to get his fingers round Dr. Hendon's throat, who realised that it was a struggle for life, his assistant having fled. Over and over they rolled on the floor bathed in blood, presenting a horrible spectacle. Suddenly the patient's struggles grew weaker and his grasp

relaxed. In a few minutes he could be held with one hand, while his hands were again secured with the other. But just as this was completed a convulsive tremor was felt through his body and he died without a struggle. The necropsy revealed the catarrhal condition of the stomach and the congestion of the pia mater usually seen in alcoholic subjects. This extraordinary case conveys the lesson that hallucinations of patients suffering from delirium tremens should not always be disregarded.

### REFERENCE

*Lancet*, 5 February 1898, 384–385.

Researched by Henry Rollin, Emeritus Consultant Psychiatrist, Horton Hospital, Epsom, Surrey

## Corrigendum

Grey matter correlates of syndromes in schizophrenia (letter), *BJP*, **171**, 484. The

author's name should read: "David E. Ross".