

References

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Olfaction and psychiatry

SIR: Harrison & Pearson (*Journal*, December 1989, **155**, 822–828) point out that significant olfactory deficits are identified in various neuropsychiatric conditions. Our work on olfactory functions in neuropsychiatric disorders supports this.

We observed that patients with right temporal lobe lesions find it difficult to match identical smells of non-volatile aromatic liquids. This prompted us to develop and standardise a test to differentiate right temporal lobe lesions. This smell-matching test is useful in identifying right temporal lobe lesions, with a sensitivity of about 75% and specificity of about 85% (Abraham & Malthai, 1983; Abraham, 1983). We also found that patients with schizophrenia and affective disorders have lower scores on this test compared with normals, whereas patients with neurotic disorders have normal scores (Sreenivasan *et al*, 1987).

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Pathological jealousy and pimozide

SIR: Byrne & Yatham (*Journal*, August 1989, **155**, 249–251) discuss the case of a heavy drinker suffering from pathological jealousy who responded satisfactorily to treatment with pimozide. Cohen (*Journal*, November 1989, **155**, 714) rightly questions the validity of this case, pointing out that pathological jealousy often improves in alcoholics when they stop drinking. Therefore, it is very difficult to know whether or not the improvement in the patient of Drs Byrne & Yatham was due solely to the pimozide. Nevertheless, we believe pimozide can be used to treat pathological jealousy, and report two cases to demonstrate this.

Case 1: A 52-year-old woman had had an eight year history of systematised pathological jealousy. She claimed that her husband had an eight-year-old daughter by a workmate who was his lover. As irrefutable proof of this she cited the receipt from a postal order on which the street name 'Maria del Valle' appeared. According to the patient, it was obvious that her husband's lover was called Maria del Valle. She did not suffer from hallucinations, showed no other psychiatric symptoms and had no history of psychiatric disorder or alcoholism. A physical examination and an electroencephalograph (EEG) proved to be normal. Pimozide (8 mg/day) was prescribed and there was a slight improvement after one week. After two months of treatment, the patient had stopped talking spontaneously about her husband's lover and daughter. Six months later, she believed that her husband had stopped seeing his lover and said that she had forgiven him for what he had done, although she couldn't love him as much as she had before. Nevertheless, she was still convinced that the lover and the daughter had existed. Now (a year and a half later) the patient is still being treated with pimozide (2 mg/day). At present, she believes that her husband is no longer unfaithful to her but has been in the past.

Case 2: A 56-year-old woman has been suffering from pathological jealousy for 13 years. Symptoms first appeared after she found blood stains on her husband's underwear. For her, this was proof that her husband was being unfaithful. She did not suffer from hallucinations, alcoholism or any other psychiatric problem. However, her medical records showed she had a history of high blood pressure, diabetes mellitus and coronary artery disease. She had also suffered from post-partum depression. Pimozide (8 mg/day) was prescribed. After two months of treatment, her family found that she was much calmer and had virtually stopped talking about her husband's unfaithfulness. After four months, she believed that her husband was sorry for what he had done and was more attentive. She said he was no longer unfaithful to her, but believed that he had been over the past years. Six months later this improvement was maintained with pimozide (2 mg/day).

In both cases the response to treatment was good, especially if the chronicity of the illness is taken into account.

Finally, we would like to point out the similarity of the two cases in that both patients came to believe that the problem no longer existed but had in the past. This is the probable evolution of a monodelusional psychosis when treated with antipsychotics.

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