Capgras Syndrome and Organic Disease

SIR: The paper by Lipkin (*Journal*, July 1988, **153**, 117–118), who recommended that all patients presenting with Capgras syndrome should be investigated by electro-physiological and brain imaging techniques, is of considerable interest. The suggestion of an organic basis for Capgras syndrome is not new, and has been variably supported by researchers for more than 50 years (Enoch & Trethowan, 1979). As pointed out by Lipkin, there has been a recent surge of reports of Capgras syndrome in organic diseases. The question of whether an organic disease is causatory, contributory, accompanied or precipitated by, or simply providing a background setting for the syndrome is still unresolved. It appears, however, that more evidence is accruing for an organic than for a dynamic psychopathology.

Over the past 5 years, we have seen three cases of Capgras syndrome: the first was a 17-year-old, mildly retarded Afro-Trinidadian mother with postpartum psychosis; the second was a 26-year-old male Afro-Trinidadian with cocaine intoxication, and the third patient was a 65-year-old Indo-Trinidadian with Alzheimer's disease. Common features of these presentations were double misidentification at the early stages of the illnesses, a clear sensorium, and the presence of a paranoid component.

Enoch & Trethowan's view that the presence of a clear sensorium in Capgras syndrome rules out an organic basis, and points towards a functional illness understandable in psychodynamic terms, perhaps need some rethinking. It is our opinion that the constancy of this syndrome across racial and cultural boundaries favours an organic basis. We fully endorse Lipkin's recommendation and wish to add that all patients with Capgras syndrome should be screened for endocrinological and neurological diseases.

HARI D. MAHARAJH
RUSSELL D. LUTCHMAN

St Ann's Hospital
Port-of-Spain
Trinidad
West Indies

Reference

ENOCH, M. D. & TRETHOWAN, W. H. (1979) *Uncommon Psychiatric Syndromes* (2nd edn). Bristol: John Wright and Sons.

A HUNDRED YEARS AGO

Now comes the extraordinary feature of the case from the judicial point of view. Mr Justice Field, in addition to treating the medical witnesses with studious rudeness, refused to receive their opinion as to the sanity of the prisoner. When Dr Needham had given his evidence and expressed an opinion that he was insane, his lordship said he was determined not to allow a medical gentleman, however eminent, to be substituted for the jury. Again, when the gaol surgeon was asked whether he formed any opinion as to what the prisoner was suffering from, and he replied that when first brought in he thought he was imbecile, the Judge objected "that is answering the question that I did not wish you to answer". When counsel asked whether he might inquire whether the prisoner was suffering from disease, his lordship replied, "Bodily, Yes; mentally, No." When Mr Bucknill suggested that the opinion of a medical man regarding a prisoner's state of mind now might assist the jury in arriving at a conclusion as to his state when the act was committed, Mr Justice Field said, "I shall rule clearly not. The jury see what his conduct and appearance are and have been. I don't see that the opinion of a medical gentleman carries it a bit further. *He could no more dive into a man's state of mind than I can.*"

Reference

Journal of Mental Science, **34**, No. 145, April 1888.

https://doi.org/10.1192/S0007125000224100 Published online by Cambridge University Press