and our patient exhibited this kind of projective defence when he left work. With the development of the psychotic process and the failure of the early defences, the defence of splitting emerged. The patient's internal representation of his father was split into good and bad individuals (Arieti & Bemporard, 1974), and the bad individual was seen as an impostor. The message from our patient seemed to be quite clearly "Father must change". The motive appeared to be adaptational – an attempt to reconstruct the environment by replacing the current non-giving, unacceptable father by a warm, nurturant one.

Despite his regligious commitment, the patient's father had taken him to many *ngangas* in the hope of finding a cure. This accounted for the long delay between the onset of the illness and his being brought for treatment. The hospital was seen as a last resort when the patient became violent, which is probably the case with the majority of patients in this setting.

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Ganser Syndrome

A Case Report and Discussion

A case of Ganser syndrome occurring in an 11 year-old Indian boy is described, and the psychodynamics and nosological status of the syndrome discussed. Ganser syndrome should be regarded as a hysterical state, and should not be confused with the similar picture observed in organic brain syndromes and psychoses.

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In 1897, Sigbert Ganser delivered a lecture on 'A peculiar hysterical state'. Later, after having examined twenty such patients, he refined his description of the clinical syndrome which now bears his name (MacDonald, 1977). It is also often called 'prison psychosis', 'syndrome of approximate answers' or 'hysterical pseudodementia' (Sim, 1974). The most important feature of this syndrome is that the patient gives incorrect and often ridiculous answers, despite having comprehended the question (this is termed '*vorbeireden*'). Whitlock (1967) regarded the condition as a psychotic one, occurring either after acute cerebral trauma or in the course of an acute psychotic illness. Many other authors agree with Ganser's original diagnosis of a special kind of hysterical dissociative state. The cases described by Ganser were all prisoners, but the syndrome is not confined to criminals (MacDonald, 1977). The condition is rare, especially in children.

Case report

An 11 year-old boy was referred for psychiatric evaluation with a five-day history of attacks of hysterical unconsciousness and periods of confusion during which he gave wrong answers and claimed amnesia for certain events. Fifteen days before admission he had experienced several fainting attacks; these had been attributed to evil spirits. At the onset of his presenting symptoms he suddenly started weeping loudly and complaining that he was not being given proper attention.

The patient lived in a village with his paternal grandparents, while his parents and two younger sisters lived in Bombay. The only educated member of the family was the father, who completed high school. The patient's mother tongue is Marathi, but he was sent to an English-speaking school as his grandparents had high expectations of him. He was initially regarded as a bright student, but his scholastic performance had deteriorated over the two years before admission.

The majority of the villagers were farmers and labourers, and placed little importance on education. Because the village had only a primary school which taught in Marathi, the patient attended a school in the neighbouring city. Since he was the only such student from the village, he was singled out from the village boys, and had no close friends among them. There was no-one who could help and guide him in his studies.

An English education is considered essential in India for upwards social mobility. The patient was thus under tremendous pressure to achieve good school results, despite the linguistic, scholastic and social difficulties that he had to face.

Throughout his childhood he demanded and received prompt attention from all his family. He had many food fads, and would have temper tantrums at the slightest provocation. He would always try to dominate his sisters and mother.

The immediate precipitating factor for his illness was his grandparents' refusal to send him on a school excursion. His fainting attacks followed the refusal, and his major symptoms started when his friends returned from the excursion.

The results of his physical and neurological examination were normal. On mental status examination he demonstrated *vorbeireden*. While counting to one hundred he omitted a few numbers; and answered that ten plus two equalled eleven. He initially claimed amnesia for his school's and village's names, but remembered them after a few minutes. He suddenly and dramatically developed hiccups, which stopped spontaneously when no attention was paid to them, and displayed *la belle indifference*.

After admission he showed a dramatic recovery, which was consolidated by giving suggestion during sodium pentothal interview. During psychotherapeutic interviews he stated ambitions to become a lawyer, a physician or an engineer. He drew a house, and said that in it lived two girls with their parents. Despite the obvious reference to his sisters and parents, he could not elaborate further. He accepted that he was finding it difficult to do his study in English. On intelligence testing his IQ was 107.

Discussion

This is the first case report of Ganser syndrome in an Indian child. Kanner (1972) reported a case of Ganser syndrome in a six year-old girl; he was able to find only one other report of the syndrome occurring in children.

Ganser specified four major features of this syndrome (Arieti & Bemporad, 1974): giving approximate answers, a clouding of consciousness, somatic or conversion symptoms, and hallucinations. Of these, the first symptom is essential. Our patient had the first three symptoms. Although headache is the commonest somatic symptom reported, in this case conversion symptoms (hiccups) and dissociative state (unconsciousness) were prominent features. The patient's personality development clearly showed hysterical traits, such as immaturity and demanding and manipulative behaviour. The syndrome has never been reported in a person of high intelligence; this patient, although regarded as bright by his parents, was of average intelligence.

Lehmann (1976) stated that in almost every case the patient finds himself in a confining situation. Such a situation was not found in this case. Although the patient was under stress, particularly as a result of approaching examinations, he did not view himself as trapped or confined.

Arieti & Bemporad (1974) suggested a simple psychodynamic mechanism for the syndrome: the patient wants to avoid an unpleasant situation and the burden of responsibility. This was the situation in this case: the patient was finding his schooling

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increasingly frustrating, his end-of-year examination was approaching, and he could not accept the possibility of failure. An illness with dramatic cognitive difficulties provided him with an excuse for subsequent poor performance. This is the secondary gain in this case. The presence of conversion symptoms, dissociative state, secondary gain, and response to suggestion favours the view that Ganser syndrome is a hysterical state and not a psychotic illness.

Whitlock (1967), in his review of the literature, concluded that the condition is a psychotic one. However, he himself accepted that the cases described in his paper and the majority of the cases described by other authors did not have even the majority of the symptoms described by Ganser in his original paper. It is advisable to accept Scott's (1965) suggestion that a differentiation should be made between Ganser syndrome and Ganser symptoms (approximate answers). Ganser symptoms are comparatively common, and are usually seen in acute functional or organic psychoses, while Ganser syndrome is clearly hysterical in nature.

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Folie à Deux in Down's Syndrome

A Case Report

A case of folie à deux in a 29 year-old man with Down's syndrome, whose mother had a paranoid psychosis, is described. Successful treatment of the mother's illness also resulted in full recovery of the son without the need for medication.

In their classic paper of folie à deux, Lasègue & Falret (1877) stressed that the first condition for its development in an individual is that "he be of low intelligence and "better disposed to passive docility than to independence". Tuke (1887) also suggested that induced psychosis is more likely in the "feeble-minded", and Gralnick (1942*a*) described folie à deux in two sisters, one of whom was mentally subnormal.

Various psychiatric abnormalities may be observed in Down's syndrome (Parsons *et al*, 1984), but there have been no reports of folie à deux in combination with this disorder. We report such a case here.

Case report

Mrs A., a 77 year-old woman, was first seen at her home at the request of her general practitioner. She complained that two young women who had escaped from prison were living in the rafters of her house; they had moved in six months previously, shortly after her husband was permanently admitted to hospital with a stroke. She claimed that they were particularly noisy at night, when they banged on her bedroom ceiling and window, threw insults at her and her 29 year-old son who lived with her, and clambered up and down drainpipe outside singing hymns and chanting "incy wincy spider, climbing up the spout" as they went. She believed the women to be in league with the next door neighbours, whom she thought broke into her kitchen at

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