begins to replace the guilty mind as the basis of responsibility.

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Cyclic psychosis, menstrual cycle and adolescence

SIR: Stein *et al* (*BJP*, December 1993, **163**, 824–828) referred to the paucity of reported cases of cyclic psychosis associated with menstruation. I would like to add two further case reports to the existing meagre pool.

Case 1. B was a 14-year-old referred urgently, having become acutely disturbed. She had menarche seven months earlier, but had seen no period subsequently. The initial symptoms were manic with loss of sleep, excess activity, pressure of talk, loosening of associations, and a belief that she had been given special discounts from a local shop, which had led her to knocking on neighbours' doors, offering to buy things for them. This picture altered within 48 hours, without treatment, to one of depressed mood, crying easily, sleeplessness, and a sense of anguish relating to vivid depersonalisation and derealisation phenomena. She could not tolerate her mother leaving her side. This picture lasted two more days, and resolved completely in another two days, to be followed by total remission for 22 days. It then recurred, lasting a further six days. On this occasion, phenothiazines were used and the overall intensity was reduced. Total remission followed again. Electroencephalography was performed twice, during the remission and during the acute phase, but proved negative.

Having been informed of the existence of previous episodes, we checked for dates with the school and it became clear, from her attendance records, that there had been in total five episodes occurring exactly every 28 days and lasting for a week on every occasion. On the basis of this information, phenothiazines were withdrawn and treatment with progestogen instituted. The patient experienced no psychotic episodes in the next six months, her periods reappeared, and the patient was discharged from clinic.

Five years later, B developed a puerperal psychosis two days after the birth of her first child. After recovery, she has remained well for the next three years, when follow-up discontinued.

Case 2. C was a 14-year-old girl admitted to an adolescent unit with symptoms of emotional lability, extreme clinginess, perplexity, and derealisation phenomena. There had been a spontaneous remission within 10 days, but she relapsed three months later. C's menarche had been eight months earlier, her periods were irregular, but both episodes had started two days before the onset of her period. Progesterone levels were found to be low, progestogen treatment was instituted and C recovered and suffered no further relapses.

In the case reported by Stein *et al* and case 2 above, cyclic psychotic disturbance was associated with menstruation. In case 1 above, the psychotic episodes actually replaced the menstrual cycle. It is perhaps also remarkable that in all three cases, derealisation phenomena were present, inviting speculation that they may be the central feature of a specific syndrome.

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CORRIGENDUM

BJP Supplement 22, p. 10. The legend to Fig. 1 should have given the following key: The *in vivo* antagonistic potencies of each compound at adrenergic (□), histamine (▨), serotonergic (▤) and muscarinic (■) receptors are expressed relative to its antagonistic potency at dopaminergic (▥) receptors.

A HUNDRED YEARS AGO

Kleptomania

The close connexion between moral error and mental disease is a circumstance which constantly imposes upon the practitioner a difficulty of the same duplex character in relation to diagnosis. Moral alienation, it is well known, indicates from a very early stage the decay of the reasoning faculty. Moral insanity, in like manner, denotes that mental state which exhibits in its feeble and absolute submission to the senses the failure of healthy self-control. Among its innumerable forms, an interest which is not entirely pathological attaches to the sometimes rather comical vice of "kleptomania". The question of criminal responsibility overshadowed by this term brings it more or less within the scope of public opinion. There are, no doubt, a number of cases which illustrate only what may

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be styled the vagaries of the disease. They are manifestly related to other like extravagances of manner and action, and are the obvious effects of insane suggestion. The thefts of the imbecile and the general paralytic belong to this class; others, however, show some connexion with method and motive. These, especially if unrelated to other signs of insanity, must be regarded with suspicion. There is, for example, a practical difference between the act of a person otherwise sane enough, who impulsively pockets your house-hold silver, and that of another, who vainly labours, as in a case actually recorded, to stow the coal-scuttle in his nether garments. In deciding the question of responsibility, therefore, the evidence of motive and the presence of other and grosser morbid symptoms, especially the latter, should, in our opinion, be allowed to exercise a most important influence.

Reference

Lancet, 30 June 1894, 1630.

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