taken amphetamines. He claimed that the whole of the town in which he lived had been duplicated in Asia by his drug dealers because he would not co-operate with them. He knew the town was not the real one, because not only did it not seem "quite right", but because many of the cars only had one person in them, which confirmed his suspicions. He was amazed that they should go to all this trouble for him, and believed they must have drugged him to take him there, as he had no memory of the journey. Interestingly, neither his wife nor family had been duplicated, despite being implicated in the plot.

He had neither visual nor auditory hallucinations. Despite his inability to concentrate, he was orientated in time, place, and person. Physical examination found him sweating, with a tachycardia. His pupils were dilated, but there were no focal signs. He was admitted to the ward and given chlorpromazine, but absconded early the following morning.

At follow-up, he remembered his experiences and ascribed them to a particularly 'bad' batch of amphetamines which he had recently purchased.

The specificity of Capgras' syndrome for people was soon found to be illusory (Coleman, 1933), when the phenomenon was described in relation to inanimate objects (in Coleman's case, letters). The psychodynamic argument was thus widened to suggest that ambivalence could also be expressed towards such objects that were affectively important to the patient. It is hard to see how the duplication of a large tract of south-east London could be explained along such psychodynamic lines.

Amphetamines are known to cause alterations in brain biochemistry and to produce states indistinguishable from schizophrenia or mania (Connell, 1958), despite which the Capgras phenomenon does not appear to have been previously described in such a situation. This case appears in the setting of amphetamine intoxication and, hence, has an underlying organic basis which further disproves a psychodynamic interpretation.

The only two previous reports of duplication of cities (Thompson *et al*, 1980; Kiriakos *et al*, 1980) have, unfortunately, made little attempt to interpret the findings in either a psychodynamic or organic fashion.

We would like to thank Dr R. Proud for allowing us to report on her patient.

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A HUNDRED YEARS AGO

Insomnia

In spite of all the criticisms to which the modern art of medicine is so frequently subjected by our literary friends, few pictures indicate a fuller grasp of the requirements of medicinal treatment than that given by our greatest dramatist. The aim of modern therapeutics is directed more and more to the employment of measures by which a return to the normal state can be attained, when in presence of disease nothing better can be desired than the elimination of all those abnormal features by which the sick person differs from his original healthy condition. The revival at the Lyceum serves to recall that Macbeth's contemptuous "Throw physic to the dogs" really forms one long exposition of the limitations of the use of drugs and of the conviction of the efficacy of the natural methods of cure. The number of references made throughout the play to sleep and dreams is remarkable. In turn, the theme is taken up until sleep is eulogised as "balm of hurt minds, great Nature's second course, chief nourisher in life's feast", and from this point attention is concentrated upon the results of sleepiness, or of sleep perturbed by frightful visions, until it culminates with the sleep-walking scene of Lady Macbeth, and "the thick-coming fancies that keep her from her rest", and her probable suicide. No medical man can sit through this performance without wishing that he had been called during the early stages of the malady. On all hands the underlying cause is recognised, and the proper method of treatment is clearly indicated. Science was in its infancy, however, or we should have been deprived of the pleasure of this portrayal of an interesting medical and psychological study.

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