

the majority had either been absent for long periods during the formative years (59%) or insignificant in the family setting, or had had a personality marked by coldness, hostility or psychopathic traits (77%). The child had thus been driven into an exclusive relationship with the mother, even when she had herself possessed some abnormal traits.

Genital self-mutilation is a psychotic disorder, although its relationship with dysmorphophobia (Morselli, 1886) is debatable (Birtchnell, 1988). The patient's familiar clinical picture, as reported by the authors, is congruent with this hypothesis.

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References

- BIRTCHELL, S. A. (1988) Dysmorphophobia – a centenary discussion. *British Journal of Psychiatry*, **153**, (suppl. 2), 41–43.
- FRAZER, J. G. (1922) *The Golden Bough. A Study in Magic and Religion*. London: Macmillan.
- MORSELLI, E. (1886) Sulla dismorfofobia e sulla tafefobia. *Bollettino delle Scienze Mediche di Genova*, **VI**, 100–119.
- ROCCATAGLIATA, G. (1982) *Il Culto della Grande Madre e la Psicosi* (ed. R. Vizioli). Roma: Il Pensiero Scientifico.
- ROTH, M. & BALL, J. R. B. (1963) Psychiatric aspects of intersexuality. In *Intersexuality* (eds A. J. Marshall & C. N. Armstrong). London: Academic Press.

Psychiatric sequelae of listeriosis

SIR: Duncan recently reviewed the scant literature on psychiatric syndromes caused by central nervous system (CNS) infection with listeria monocytogenes (*Journal*, June 1989, **154**, 887), which is in sharp contrast to the abundant reports describing neurological complications (Pollock *et al*, 1984). Because of the growing importance of listeriosis in the differential diagnosis of psychiatric syndromes, especially in immunocompromised hosts, we would like to point out two further psychiatric sequelae not mentioned by Dr Duncan and report the case history of one of our patients.

Orland & Daghestani (1987) described a patient in whom several catatonic episodes occurred in the course of a listeria meningo-encephalitis. This syndrome (not included in the report of schizophrenia-like listeria psychosis by Timofeyeva *et al*, 1953) was accompanied by frontal lobe electroencephalogram (EEG) abnormalities, and subsided after antibiotic treatment. Secondly, features of a chronic psychorganic syndrome after CNS listeriosis might often escape diagnosis, as both patients and their families

will tend to neglect minor changes which can appear insignificant in the aftermath of a highly lethal disease. In adults, Seeliger (1955) mentioned incomplete recovery after listeriosis with persistent disturbance of memory and speech.

Here, we report the case of a 68-year-old male patient who, after a holiday in South America, had fallen ill with a listeria meningo-encephalomyelitis. In the acute phase of the illness he suffered extensive right-sided neurological deficits which recovered after adequate treatment. A few months later the patient complained of a loss of intellectual abilities with impaired short-term memory, difficulty in concentration, and a generalised apathy and lack of interest and drive. He was angry that these symptoms did not improve as did his physical complaints. He proved unable to resume his occupation in senior management. Cerebrospinal fluid showed no evidence for chronic inflammation, cranial computerised tomography and magnetic resonance imaging revealed several small lesions in the cerebral medulla around the ventricles, EEG showed generalised slowing, and single photon emission computerised tomography was unremarkable. The formerly highly intelligent patient achieved only an average IQ on the Hamburg-Weschler Intelligence Test for Adults, and was markedly cognitively slowed in several tests. Minor deficits in short-term memory, problem solving and attention were regarded as severe by the patient when he compared them with his pre-morbid abilities. There was no evidence for a depressive disorder. Although an early dementia secondary to a long history of arterial hypertension cannot definitely be excluded, we believe that the described syndrome is a late complication of the listeria meningo-encephalitis.

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References

- ORLAND, R. M. & DAGHESTANI, A. N. (1987) A case of catatonia induced by bacterial meningoencephalitis. *Journal of Clinical Psychiatry*, **48**, 489–490.
- POLLOCK, S. S., POLLOCK, T. M. & HARRISON, J. G. (1984) Infection of the central nervous system by listeria monocytogenes: a review of 54 adult and juvenile cases. *Quarterly Journal of Medicine*, **211**, 331–340.
- SEELIGER, H. (1955) *Listeriose. Beiträge zur Hygiene und Epidemiologie*. Leipzig: Heft 8.
- TIMOFEYeva, A., SHKURKO, E. D. & UDALTSOVA, M. S. (1953) On listeria psychosis. *Zhurnal Neuropatologii i Psikiatrii imeni S.S. Korsakova*, **53**, 625–631.