

her husband and the belief that B was in love with her gradually became less prominent on treatment with trifluoperazine, and ten months later she was at home, well and without auditory hallucinations, or ascertainable delusions.

The distinctive features of the two syndromes were intricately, delusionally interwoven. The explanation given by the patient for the misidentification of her husband was that he could not be her husband as the victim of her erotomania was her husband. These two syndromes are not discrete entities but part of a more generalized psychotic process in which multiple misinterpretations occur, and the eponyms used are more significant historically than nosologically.

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THE BATTERED HUSBAND

DEAR SIR,

In recent psychiatric literature from all over the world we read repeatedly about baby battering, wife battering, and even granny battering, but no one to my knowledge has touched upon the topic of the battered husband. Husband battering is not necessarily physical, and one tends to imagine that most cruelty to husbands is verbal, but I would like to draw attention to the fact that this is not always the case.

Within the last year, while working in psychiatric out-patient clinics and making many domiciliary visits, I have come across three instances of battered wives, and two of battered husbands. Of the battered wives, two were alcoholic, and the third guilty of marital infidelity. The wives of the men who claimed to have suffered physical cruelty had no similar complaints to make. One of these men went to the extent of making a serious suicide attempt as a result of his wife's physical cruelty to him. When I was visiting the other man in his home he begged me, having sent his wife out of the room on the pretext of fetching a glass of water, to take him into hospital, as he could no longer tolerate his wife's cruelty. He even had bruises to show me.

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