be the rule that the patient is not discharged home until the patient's own general practitioner has been consulted and has agreed that home treatment is suitable.

It could well be that if the above principles were followed the burden on the psychiatric services would be lessened.—I am, etc.,

Strood, Kent.

W. A. PRITCHARD.

Cancer and the Nervous System

SIR,—In a recent leading article (26 July, p. 193) entitled "Cancer and the Nervous System" you point to our lack of knowledge concerning the mechanism of production of the carcinomatous neuropathies. However, the leader postulates the existence of a remote and specific effect of the neoplasm on the nervous system.

If one considers the general manifestations of cancer in man, one can distinguish two general classes. The first class, represented, for instance, by loss of weight, anaemia, and infections, can usually be explained by factors which are not specific for cancer. Quite different is the second group of manifestations, the so-called paraneoplasia. These are specifically caused by an abnormal function of the cancer tissue such as production of hormones. The question is, to which of these groups do the carcinomatous neuropathies belong?

In our experience here it has been possible to explain most of the neurological disorders observed in patients with cancer other than by a remote effect of the tumour.

In particular, nutritional factors seem to play an important role in producing the neuromuscular disorders observed in these patients.¹ Some of the characteristics of the so-called carcinomatous neuropathies, such as their failure to respond to a complete removal of the neoplasm and the lack of correlation in the clinical evolution of the cancer and the neuropathy,² are in contradiction with the idea that the former is directly responsible for the production of the latter. In this respect I disagree with the statement that the effects of neoplasm on the nervous system are reminiscent of hormonal disturbances. The mechanism of production of endocrine paraneoplasia has been elucidated: they are caused by the cancer tissue and they are completely suppressed by removal of the tumour.

Since many of the syndromes forming the group of carcinomatous neuropathies are also observed in patients without cancer, the physiopathological basis of these disorders was based on alleged frequency of the association of certain forms of cancer with certain neurological disorders. But even on that point divergent results have been published. Thus it was found, in a recent study, that the rate of unexplained neurological disorders was at least as high in patients with chronic lung diseases as in patients with lung cancer.³

I have previously expressed my opinion that unless a specific effect of the cancerous tissue on the nervous system can be demonstrated the majority of the so-called carcinomatous neuropathies should be considered as non-specific complications.⁴ For instance, the progressive multilocal leucoencephalopathy, which is probably viral in origin,⁵ is frequently found in patients with lymphoma. Other infections of the nervous system, such

as herpes zoster or cryptococcal meningitis, are also frequently found in that group of patients, but unlike leucoencephalopathy are not usually included among carcinomatous neuropathies. It may be reasonable to consider all these diseases as the result of the well-known decreased resistance to infection of patients with lymphoma.

I do not deny the necessity of further research on this subject, as suggested in your leading article. However, I am not convinced on the basis of clinical observations referred to that there is a specific and remote effect of cancer on the nervous system.—I am, etc.,

J. HILDEBRAND.

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An Ingenious Munchausen

SIR,—The "ingenious Munchausen" described by Dr. D. R. Seaton (3 August 1968, p. 317), Drs. J. M. Malins and P. J. Watkins (31 August 1968, p. 554), and Dr. A. C. Young and colleagues (5 July, p. 56) recently arrived in Belfast.

On examination he was pyknic in build, about 5 ft. 6 in. tall (162.5 cm.), and balding. His abdomen was obese, and there were very marked

striae in both loins. The bedclothes were heavily blood-stained, and examination of the urine revealed large numbers of red blood cells but no ova or crystals. Intravenous pyelography was normal and a telephone conversation with Dr. A. C. Young in Aberdeen confirmed that we were dealing with the same patient.

It was possible to keep him here long enough to be interviewed by a psychiatrist (W. A. N.). Eventually he admitted that his cover had been broken. He became much more communicative and was informally admitted to a psychiatric unit. Under questioning he denied trauma to the urethra, but the pulp of each finger bore white healed linear scars which he said were produced by cutting with razor blades to obtain blood. There were two recent stab wounds with bruising on his left thumb. He also claimed to suffer from paroxysmal tachycardia.

He knew he was the subject of correspondence in medical journals and claimed he could recognize in hospital others who, like himself, were going from hospital to hospital. He said that after working in the Congo he was ostracized by his countrymen, so he left home and has been in Britain for two years doing various jobs. Lack of money seems to be his main reason for seeking hospital admission, as at no time did he show signs of drug withdrawal.

He discharged himself five days after his admission to the psychiatric unit and we believe went to Eire.

We wish to thank Mr. G. W. Johnston for permission to publish details of this case.

—We are, etc.,

W. A. NORRIS.

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Nail Changes in Gout

SIR,—During the past 15 months while working in a country town in New South Wales, Australia, I have observed an interesting physical sign in relation to atypical gout. This sign is briefly mentioned in Sequeira's textbook on *Diseases of the Skin*—namely, "reeding and breaking of the nails." I can find no other references to this condition in combination with a raised serum uric acid.

The appearance of the nails is characteristic. Longitudinal ridging, or reeding, as it is called, can be seen, starting at the cuticle and running the entire length of the nail. The longer the duration of the illness the more marked the reeding, and in long-

standing cases it was very marked and could easily be felt as well as seen. Often the nails are broken at the ends.

Nineteen cases have been seen and all had reeding of the nails and a raised serum uric acid. Extreme brittleness and breaking of the nails were present in most.

The degree of reeding appears to bear a direct relation to the duration of the illness, and in fact two further cases have been seen in a first attack where no nail changes had occurred.

The atypical type of gout, presenting with shoulder, chest, or finger pain, is the most likely to be missed, and the reeding and

Presenting Symptom	No. of Patients	Age Range	Degree of Reeding	Duration of Symptom	Uric Acid
Backache	1	42	Mild	3 years	6.8
Hypertension	1	43	Mild	4 years	7.3
Swelling of ankles and painful feet	4	32-70	Moderate	2-4 years	6.9 8.8 8.2 9.8
Upper abdominal pain ..	1	43	Mild	2 years	6.6
Retrosternal pain	2	56-58	Mild	3 years	8.0 8.9
Auricular fibrillation ..	1	54	Moderate	1 week	7.1
Pain in shoulder	1	60	Marked	7 years	8.6
Pain in elbow	1	42	Mild	1 year	6.2
Pain in feet	2	42-46	Marked	6 years	9.5 8.9
Pain in fingers	4	54-58	Marked	6-8 years	6.2 7.7 8.1 8.6
Occipital headache ..	1	59	Moderate	5 years	7.0

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