of the facilities provided, all general practitioners, paediatricians, and district medical officers in the county were centralized. They were informed of the existing provisions for the mentally handicapped in the county, and were advised that if they wished to refer such patients, and their parents, to the county medical officer, arrangements would be made for them to be seen at their county health clinic by the medical officer for mental health. In addition, discussions have been held with groups of health visitors to help them recognize mental subnormality.

Since this service commenced there have been 29 referrals, 18 from general practitioners, eight from district medical officers, and three from paediatricians. Seventeen (more than half the total) were children aged 5 years or less, of whom six were 2 years or less.

As regards recommendations, all parents were given advice and information as to the needs of the mentally handicapped and the likely rate of development. All were put in touch with the National Society for Mentally Handicapped Children. In other respects special recommendations as to admission to training centres or residential units were similar to the recommendation in Dr. Kirman’s series. In a few cases hospital care, either permanent or short-term, was required, and such were referred to the out-patient clinic conducted by the consultants of the hospital for the subnormal which serves this county.

This service has been welcomed by the parents, many of whom had not previously received any accurate advice or information about mental handicap, and the community services. Also, it was welcomed by the general practitioners, who were interested to receive information about the provisions in the community for the mentally handicapped.

—Eva Roth.

County Hall,
Nottingham.

Phenylbutazone and Acute Leukaemia

Sir,—We have previously reported that 8 out of 55 cases of acute leukaemia in adults studied between April 1959 and mid-1963 had a history of phenylbutazone ingestion. Of these three were excluded from the calculations (two because they had received radiotherapy and one because of the brevity of the period of ingestion before the diagnosis of leukaemia). This number, 5 out of 55 (9%), compared with a similar history in 5 out of 417 (1.2%) cases of chronic leukaemia, suggests a greater likelihood of association and allied disorders.

The significance of these findings has been debated, and a suggestion has been made that the difference between the two groups may be due to disparity in age structure. The statistics for the five-year period 1959-63 inclusive are now available, and the age structure of the two groups is presented in Table I.

<table>
<thead>
<tr>
<th>Group</th>
<th>20-29</th>
<th>30-39</th>
<th>40-59</th>
<th>60-69</th>
<th>70-79</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute leukaemia</td>
<td>7</td>
<td>13</td>
<td>9</td>
<td>11</td>
<td>13</td>
<td>75</td>
</tr>
<tr>
<td>Allied disorders</td>
<td>20</td>
<td>74</td>
<td>49</td>
<td>64</td>
<td>93</td>
<td>367</td>
</tr>
</tbody>
</table>

Chi-square = 7.388 on 6 d.f. Not significant.

The two groups may be considered sufficiently alike for comparisons to be made regardless of the age effect.

As can be seen from Table I an additional 20 cases of acute leukaemia were recorded at the end of 1963, and none of these had a history of phenylbutazone ingestion. Only those patients with allied disorders whose condition has been confirmed by a panel of pathologists are included in the present calculations, whereas in previous reports all cases to be notified to the registry were counted.

Five of the 75 cases of acute leukaemia had a history of phenylbutazone ingestion (6.7%), compared with 5 of 367 "control" cases (1.36%) — and the difference in these proportions is significant at the 0.05 level (Table II).

<table>
<thead>
<tr>
<th>Phenylbutazone Ingestion</th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute leukaemia</td>
<td>5</td>
<td>70</td>
<td>75</td>
</tr>
<tr>
<td>Allied disorders</td>
<td>5</td>
<td>362</td>
<td>367</td>
</tr>
<tr>
<td>Total</td>
<td>10</td>
<td>432</td>
<td>442</td>
</tr>
</tbody>
</table>

Chi-square (C) = 5.706 (P less than 0.05).

Although these statistical tests confirm the difference in phenylbutazone ingestion between those with acute leukaemia and those with allied disorders, they do not allow any conclusions to be made concerning the possible leukoagenicity of the drug.

A study of cases during the period 1964-5 and including “controls” from the general population is at present in progress.

—We are, etc.,
N. S. STENHOUSE,
J. A. SIMS,
I. DOUGAN,
H. J. WOODLIFF.

Department of Haematology,
Royal Perth Hospital,
Western Australia.

REFERENCE

Hypochondriasis

Sir,—In your issue of 25 December (p. 1547) Dr. B. C. McCaffrey suggests that some of the hypochondriacal patients we recently described might have been schizophrenics. This is most unlikely, as the subjects of our report were selected from among a larger number precisely because the diagnosis of an afferent disorder could be made with confidence.

On the other hand, among those referred to our special clinic and not included in our paper were two middle-aged patients, one definitely and the other possibly schizophrenic: the former, incidentally, had extensive paranoid features in addition to his hypochondriasis, a combination that Bleuler thought never occurred. It may be that at follow-up additional cases of schizophrenia may emerge, especially among young men having panic attacks about their health, but our present evidence suggests that among the undiagnosed chronic attenders at general hospital out-patient departments schizophrenia is much less likely to be encountered than afferent disorders, states, and obessional neuroses.—I am, etc.,

RAYMOND GREENE.
Department of Endocrinology,
New End Hospital,
London N.W.3.