

with a high risk of developing breast cancer. The only way of investigating such a hypothesis is by a prospective trial, but even with a disease as common as breast cancer this is a formidable undertaking, since nearly 97% of women will never develop the disease. Nevertheless a study of this nature is now being conducted on Guernsey—an island chosen because of its compact and relatively static population and the small number of doctors and hospitals with which contact would have to be maintained. The aim is to collect specimens of urine from 5,000 normal women between the ages of 35 and 55. In this number approximately 150 may be expected to develop breast cancer during their lifetime, and when they do it should be possible to prove whether or not a high-risk group can be identified by means of the discriminant. If it can, then there is at least the possibility of attempting preventive measures.

This field trial is still in its infancy and it seems unlikely, even if 5,000 take part, that a result will be available for some years. But possibly the clinical significance of the discriminant will prove to be greater than was at first thought, and we may not have heard the last of this ugly word.

Hypochondriasis

Hypochondriasis used to be known as "the English malady."¹ To-day, when few hospital departments and general practices are without their quota of hypochondriacal patients, it might more appropriately be known as the Health Service handicap. Exhaustively, often repetitively investigated, referred for numerous specialists' opinions, treated by a variety of medical and surgical means, the hypochondriac, like Old Father Thames, keeps rolling along, his sufferings rarely relieved. All this is expensive, time-consuming, and frustrating for the medical profession (not to mention the hypochondriac's family). There is clearly a need to recognize these patients at an early stage and to understand more about them. Some recent studies of the condition are therefore particularly welcome.¹⁻³

Like most psychiatric syndromes, the concept of hypochondriasis is far from clear. F. E. Kenyon,² in a study of 512 patients with a diagnosis of hypochondriasis seen at a mental hospital, concludes that it is always part of another syndrome, most commonly an anxiety or depressive state, and is not a condition with a single cause. In his series it was most common between the ages of 30 and 39 years and was equally so in the two sexes. This study thus fails to confirm the long-held belief that it is predominantly a condition of old men. He also failed to find an association between social class and hypochondriasis, although it is widely held that neurotic patients in the two lowest social classes tend to express their complaints as bodily symptoms more than patients of other classes. On the other hand, N. Kreitman and colleagues,³ in a much smaller survey of hypochondriacs attending a general hospital, did find an association. In both these investigations the commonest sites for hypochondriacal concern were the head, neck, and

abdomen, and the commonest symptoms were pain, anxiety, and depression. Pain may be the presenting feature of several psychiatric syndromes, and unless this is remembered atypical and masked depressions will be misdiagnosed.³

In about half the cases investigated no obvious precipitating factor could be found, and there was no physical abnormality to form a basis for the hypochondriasis. Nor were these patients marked out by any abnormality of their personalities before they became hypochondriacal. Why some patients with depressive illnesses should develop somatic symptoms while others do not is unknown. Kreitman and colleagues noted that their hypochondriacal patients often appeared to be reproducing symptoms formerly experienced by their mothers, and that they were particularly liable to have had psychosomatic illnesses in their childhood and adolescence. They also found that hypochondriacal patients tended to have less satisfactory marital and sexual relationships than a non-hypochondriacal group of depressed patients.

In the causation of hypochondriasis social factors frequently play an important part. Advertising is often aimed at arousing hypochondriacal concern, linking bad breath, body odour, constipation, and so on with social and sexual failure, and then offering remedies of one sort or another. In some instances hypochondriasis may be initiated or perpetuated by doctors. One study,⁴ for instance, has estimated that doctors were responsible for hypochondriasis in 13% of cases. Kreitman and colleagues believe that, while physical investigations of psychogenic symptoms may reinforce a patient's fears and beliefs, in general it is not the actual procedures which do the psychological harm so much as the way in which they are explained—or not explained—to the patient and his family.

Hypochondriasis has a poor prognosis, and many patients in these investigations had suffered from it for more than ten years. It is important, however, to recognize that it does cause the patient real suffering. It is an admission of the doctor's sense of failure when, after months of negative investigations, he finally dismisses the hypochondriac's symptoms as "all due to imagination." Simple explanations that symptoms are due to increased muscle tension or impaired motility may be helpful, but usually treatment must be directed against underlying depression or anxiety. Depression with hypochondriasis is more difficult to treat than uncomplicated depression. None the less some patients will respond dramatically to electro-shock therapy or antidepressant drugs, though symptoms will subsequently return within a short time to affect some of them. Occasionally leucotomy may be effective. Hypochondriacal symptoms remain for a variable time post-operatively, but the patient ceases to feel concern over them and they gradually fade.

Hepatitis and Renal Dialysis

Recent reports in the press¹ about infectious hepatitis among persons dealing with patients being treated by the artificial kidney at Manchester Royal Infirmary suggest that the disease must be reckoned with in this field of therapeutics. Patients with infectious hepatitis are admitted to the Manchester Royal Infirmary from time to time, as they are to other hospitals, and since the Infirmary has a large staff members of the

¹ Kenyon, F. E., *Brit. J. med. Psychol.*, 1965, 38, 117.

² ———, *Brit. J. Psychol.*, 1964, 110, 478.

³ Kreitman, N., Sainsbury, P., Pearce, K., and Costain, W. R., *ibid.*, 1965, 111, 607.

⁴ Ruesch, J., *Chronic Disease and Psychological Invalidism. A Psychosomatic Study*, 1951. Berkeley and Los Angeles.

¹ *The Times*, 4 November 1965.

² *Brit. med. J.*, 1964, 2, 69.