the arterial oxygen tension by removing interstitial oedema in the lung. But diuretics do not increase the force of cardiac contraction, and this action of digitalis is of paramount importance in patients with chronic heart failure. If such patients develop digitalis toxicity, the drug should be temporarily withdrawn or the dose reduced. If potassium depletion is responsible for digitalis toxicity, the patient should be encouraged to take a diet rich in potassium and receive supplements of potassium chloride.

In some patients with chronic congestive heart failure and a badly damaged heart it is hard to know whether symptoms such as loss of appetite or nausea and coupled ventricular ectopic beats are symptoms of digitalis toxicity or of the disease itself. It is usually possible to answer this question by withdrawing digitalis for a few days. It would be helpful if there were some other method of establishing whether the digitalis or the disease is the more at fault, and recent developments of methods for measuring the plasma concentration of the drug hold out the promise that this may be possible. If the therapeutic and toxic range of the concentration of digitalis in plasma can be clearly established, it should be possible to adjust the dose to achieve the correct level without stopping treatment.

Psychiatric Symptoms of Cancer

One hundred years ago most psychiatrists would have agreed that physical causes of mental ills would be revealed by progress in medical science. They therefore contended themselves with describing rather than classifying patients, and aiding spontaneous recovery, while they devoted much of their research to neuropathology—the only fruitful line of biological investigation open to them—to which they made fundamental contributions.

Then in the last decade of the 19th century Kraepelin attempted to delineate mental diseases by a crude correlation of symptoms with outcome. Search for causes took second place to disputes about classification and the differentiation of "neurosis" from "psychosis" and "thought disorder" from "affective disorder." Opposition to the new psychiatry—by-definition faded some ten years later when Bleuler elaborated and reinforced Kraepelin's teaching by applying to it the psychodynamic theories of Freud and Jung. Bleuler's "schizophrenia" concept caught on and with it a general acceptance of "psychosyndromes" as entities in their own right. Though today increasingly recognized as the stumbling block to fundamental progress, it still dominates psychiatric thinking and is chiefly responsible for the gulf between psychiatry and medicine.

By the time advances in the basic sciences had turned medicine from a descriptive art to an investigative science and neurology was in a position to account for nervous symptoms previously attributed to the mind, psychiatrists were even further isolated by the lure of specific treatments for specific Kraepelinian ills, which promised rich rewards. Against this trend reports continued to appear pointing to the concurrence of gross physical disease with seemingly textbook psychosyndromes. One such is a recent study from Newcastle.

One hundred and twenty-eight patients suffering from affective disorders—anxiety states and depression—were followed up four years after admission to hospital. Of 28 diagnosed as "depressive illness" and treated accordingly, 5 men were found to have died of carcinoma at various sites. Compared with national death rates this incidence was significantly raised. Their ages ranged from 49 to 82, and none had a previous psychiatric history. Mean survival time from onset of psychiatric symptoms to death was about two and a half years and from psychiatric treatment to death about one year. Professor M. Roth and his colleagues conclude that "a form of depressive illness in male patients arising in late middle age without previous psychiatric illness and occurring without apparent cause may be an early and direct manifestation of latent carcinoma." Presumably latent does not imply that psychiatric symptoms marked a hypothetical precancerous state but that the cancer had not yet shown itself in local symptoms.

That being so, there are a number of possibilities to account for the association. The most obvious is that patients had metastatic lesions of the nervous system which were missed because the lesions were small or in neurologically silent areas. Or they may have had one of the non-metastatic neurological complications which are now well documented, among which dementia is common and depression of mood may be marked. The spectrum of metabolic disorders now known to be associated with cancer is so wide that in the opinion of some it has replaced it as "the great imitator." Patients may have had specific syndromes of this kind, as for instance malabsorption due to carcinoma of the stomach and inguinal uraemia in the case of the patient who died of prostatic carcinoma within four months of having his depression treated. In such circumstances "depression" may simply reflect how the patient perceives or describes his malaise and lowered vitality, or how his doctor interprets it. Anergy and apathy not infrequently usher in mental or physical failure of any kind. They may mark the early stages of presenile dementia of Pick-Alzheimer type, which occasionally develop at the same time as a carcinoma though their relation is unclear.

These diagnostic possibilities remain speculative. The only laboratory finding mentioned is that two patients had a high sedimentation rate. Physical disease underlying the psychosyndrome was by the authors' own statement not suspected and hence not looked for. As is common in psychiatric practice, lack of signs on routine physical examination was taken to exclude it. But across the whole field of medicine this is no longer enough. Psychiatry, says one distinguished critic, is neurology without physical (that is predominantly motor) signs "and calls for diagnostic virtuosity of the highest order." Its practice demands an ever-ready awareness of organic disease and first-class laboratory facilities. The psyche is often a more sensitive indicator of disease than the body.

Had the abnormal mental state been evaluated as a sign of disordered bodily function, who knows but that thorough-going investigation while patients were still only depressed might have discovered the cancer earlier and while it was still amenable to treatment? Medicine today knows of innumerable more causes of disease leading to mental change than ever Kraepelin could dream of. Professor Roth and his colleagues have added important evidence that the presenting symptom of depression, especially in the older age-groups, calls for rigorous exclusion of organic disease.

8 Mansvelt, J. van, Pick's Disease, Einschride, Loef, 1954.
9 Miller, H., British Journal of Hospital Medicine, 1970, 3, 122.