The mental states of these patients, numerous though they seem to be, may not represent any real increase of psychiatric illness in the population but simply be coming to the attention of the medical profession now. The result is an enormous demand by people for whom little provision has been made, and it is a demand on the caring professions, as Sir Denis puts it, which the present state of national finance and manpower could not hope to meet.

The general practitioner’s continuing responsibility for his patients, a traditional role and one still acceptable today, should, in Sir Denis’s view, be seen as the first priority, if for no other reason than its significance to the treatment of a vast amount of illness in the population—that is, mental and behavioural disorders. He reiterates what consultants in other branches of medicine have said in the past in the emphasis he places on the benefit that comes to patients from having a physician who knows their family and the background of their life. General practitioners would probably largely agree with him, but whether they find their training, despite improvements in recent years, properly fits them for the role in the management of the mentally sick is more questionable.

### Haemolysis in Hepatitis and Jaundice

The idea that more than one system is affected in acute infectious hepatitis largely stems from detailed studies carried out by M. E. Conrad and his colleagues2 on a group of American soldiers who developed the disease in Korea. In addition to changes in the mucosa of the small gut and in the kidney they found that the haemopoietic system was affected, which may be of more consequence. Rarely, a profound pancytopenia with marrow aplasia develops,3 or a severe haemolytic anaemia, which is sometimes associated with serum autoantibody.4 More commonly there is a transient depression of bone-marrow function with mild leucopenia, thrombocytopenia, and anaemia. A mild haemolysis contributes to the anaemia. In previous studies Conrad and his colleagues2 showed that 25% of the patients had a slightly shortened survival of erythrocytes during the acute stage of the illness, but the rate of haemolysis was insufficient to cause anaemia without a simultaneous decrease in production of these cells. Further evidence of a temporary depression of bone marrow function was seen in the appearance of megaloblasts in about a third of the patients.2 Though the haemolysis enhances the hyperbilirubinaemia, it does not cause a reticulocytosis until the function of the bone marrow recovers.

In a recent paper Conrad2 illustrates the findings in the “median patient” of the 68 cases of infectious hepatitis studied. A significant decrease in the packed cell volume (haematocrit value) was found for the first two weeks after admission, and then during the third and fourth week reticulocytosis was observed as the bone marrow recovered. This “median patient” had been ill for five days and jaundiced for one day before admission to hospital. He became asymptomatic during the second week in hospital, and laboratory tests returned to normal during the fourth week. But there were three patients in whom a compensated haemolytic state persisted for some years after recovery from the hepatitis. An indirect hyperbilirubinaemia and persistent reticulocytosis but with a normal haemoglobin level were found six months and one year after the onset of jaundice.

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1 Hill, Sir D., British Medical Journal, 1969, 1, 205.