Correspondence

Anorexia Nervosa

SIR,—Dr. E. Williams's review of fifty-three cases of this disorder treated over fifty-six years (*Journal*, July 26, p. 190) combines disarming diligence with a lamentable although possibly innocent tendentiousness. The title was presumably deliberately provocative: it could have no other justification, since every single one of the authorities whom he himself quotes in discussing the aetiology of the condition acknowledges its psychogenic basis. But surely our front as physicians in 1958 is broader and more united than he naively implies.

Sir Russell Brain wrote in May, 1952,¹ "There can hardly be any bodily state which does not to a greater or less extent influence the mind, and there can hardly be any state of mind which does not in turn influence in some degree the functions of the body." This cogent observation might have been regarded as a truth too obvious to require stating were it not so frequently and studiously ignored. Yet it is saddening to encounter such studied ignorance in the context of this paper; so that the author can write, "Psychiatrists . . . have claimed the illness in all its aspects as their own. History-taking has given way to psycho-analysis; physical findings are now ignored; and treatment has been ousted by therapy, either psychotherapy or electric convulsion, or both." What is the justification for this outburst? In no branch of medicine is the importance of history-taking more rightly stressed than in psychiatry: as indeed the author's own hospital's department of psychological medicine would have shown him, had he consulted them. Since when have physical findings been ignored? And what is the difference in meaning between the words "treatment" and "therapy"?

The implication that "somatic medicine" and psychiatry are somehow inherently and intransigently opposed recurs in the proposal "to reclaim anorexia nervosa," which "has strayed from the realm of somatic medicine to the borderlands of psychiatry." The object of this reclamation would seem to be forcible intubation as a routine procedure. The following essentially brief résumé of our own observations

duration in hospital and their weight gain included under a single heading, the total average time in hospital per patient is five months, and the weight gained over thirty pounds (13.1 kg.). The end-results based on a follow-up one year after final discharge, as indicated in the last column of the table, show that nine of these patients had remained well, six of these nine being entirely without symptoms; one remained a doubtful proposition and contact had been lost with three. However, since readmission is always available to these patients, there is no reason to assume an unfavourable result in the three at present in the untraced category.

This represents a relatively compact series, having a density of nineteen admissions for thirteen patients over eight years, by comparison with Dr. Williams's series, who averaged less than one admission per year over fifty-six years. All our patients received a consistent regime of treatment which included psychotherapy and excluded intubation except as an extreme measure to tide over an otherwise insurmountable and potentially fatal crisis. Our reluctance to resort to tube-feeding is based upon the indisputable fact that it represents an assault on the patient. Indeed, the thinly veiled hostility to these admittedly difficult and exacting patients which can find expression in forcible tube-feeding can never provide a justification for its routine use. Nor is it reassuring to read in Dr. Williams's paper that one of the "obvious advantages" of this procedure is that "because little active co-operation is sought the initial resistance is never as great as to normal feeding, and at this stage the more enfeebled the patient the easier it is in any case to overcome." In fact, as the figures quoted above show, it is very rarely necessary to resort to tube-feeding if good individual contact with the patient, and the confident, accepting, and effective team-work of the nursing staff, is secured. This, after all, is the basis of sound clinical medicine.

Re-reading this letter, I am aware that its tone may suggest anger rather than sorrow; but it is sorrow that I feel. There is so much common ground between the general physician and the psychiatrist in problems of this kind that an emphasis on discord or dissension is above all to be deplored. I respect the sincerity of Dr. Williams's views and welcome the candour of their expression, misguided though I hold them to be. But surely the unifying principle is this: in the study of every kind of illness there exists a

Details of 13 cases of Anorexia Nervosa

Case No.	Age	No. of Admissions	Duration of Admission	Wt. on Admission lb. kg.	Wt. on Discharge lb. kg.	Wt. Gain lb. kg.	Bed Rest	Psycho-therapy	Feeding	Follow-up Category	Remarks
1	20	2	{ 2/12 4/12	76 34.5 66 27.2	83 37.6 83 37.6	7 3.1 17 7.7	+ +	+ +	+ +	N.K.	Also received mod. insulin. Patient had 6-year interval
2	20	1	2/12	73 33.1	102 46.0	29 13.1	+	+	+	1	Also received mod. insulin ditto
3	27	1	4/12	76 34.5	93 42.1	17 7.7	+	+	+	2	
4	24	3	{ 3/12 4/12* 3/12	67 30.4 75 34.0 79 35.8	94 42.6 73 33.1 99 44.9	27 12.2 -2 0.9 20 9.1	+ + +	+ + +	+ + +	1	
5	19	1	4/12	79 35.8	100 45.4	21 9.5	+	+	+	2	
6	23	1	3/12	74 33.6	104 47.2	30 13.1	+	+	+	1	
7	15	1	3/12	64 29.0	112 50.8	48 21.8	+	+	+	2	
8	15	1	2/12	77 34.9	109 49.4	32 14.5	+	+	+	3	
9	15	1	11/52	115 45.8	116 52.6	1 0.4	+	+	+	1	
10	21	1	3/12	99 44.9	116 52.6	17 7.7	+	+	+	N.K.	
11	13	3	{ 3/12 3/52 5/12†	69 31.2 94 42.6 93 42.1	120 54.4 99 44.9 123 55.7	51 23.1 5 2.2 30 13.1	++ ++ +	++ ++ +	++ ++ +	1	Intubation performed under barb. narcosis
12	25	2	{ 5/12*† 2/12	63 28.5 76 34.5	72 32.7 105 47.6	9 4.0 29 13.1	++ +	++ +	++ +	1	Gap between adm. = 5 days at NSU
13	36	1	3/12	66 27.2	98 44.5	32 14.5	+	+	+	N.K.	

Follow-up Categories. Category 1. Completely well 1 year after final follow-up. Category 2. Remaining well but still complaining of residual symptoms: insufficient to interfere with daily life. Category 3. Still disabled by symptoms. Category 4. (Not required in this series.) Patients who have required readmission to another hospital. Category 5. Indicates death from the disorder.

* Leucotomy performed. † E.C.T. given. ‡ Intubation performed.

on thirteen cases of anorexia nervosa, treated in the York Clinic of Guy's Hospital since 1950 (see Table), when a special follow-up study was begun, may help to restore perspective in this respect.

Analysis of these figures indicates that the average duration of each admission is roughly three and a half months, in which a weight gain of over twenty-two pounds (10.0 kg.) is achieved. When these figures are related to patients, so that patients with more than one admission have their total

basic necessity to resolve any apparent dichotomy between the physiological and psychological approach. For, as clinicians, we are bound to recognize that these approaches can neither be separated in practice, nor can either one of them be neglected, without the patient suffering as a result. —I am, etc.,

London, E.1.

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REFERENCE

- Brain, Sir W. Russell, *The Contribution of Medicine to Our Idea of the Mind*, 1952. The Rede Lecture for 1952. University Press, Cambridge.