The Extent of Neurosis

SIR,—I seem to have been more fortunate than Drs. L. F. Donnan (Sept. 6, p. 396) and H. G. St. M. Rees (Sept. 20, p. 468), as my figures for neuroses (and psychoses) are far less than their estimates. In his book *The Common Neuroses* T. A. Ross stated that investigation over 1,000 consecutive insurance cases showed 33½% were neurotic. It was to verify this figure that I started to keep records. Most of my colleagues would say I was biased towards psychiatry. During my Army service I went into psychiatry, as I felt such knowledge and experience would be invaluable in general practice. I submit all my neuroses to psychotherapy, and a consultant psychiatrist is called in when necessary. The time taken in dealing with psychoneurotics is very considerable, and they certainly appear more numerous than is actually the case.

My diagnoses were put down under the headings of medical, surgical, obstetrical, and neuropsychiatric. Since Jan. 1, 1947, I have made a total of approximately 9,000 consultations and visits. Of this, 66% were medical, 16% surgical, 5% obstetrical, and 14% neuropsychiatric.

I would stress the point that any assessment of this nature is bound to be very approximate, as there are so many variables. In the first place in any disease there is an upset of both psyche and soma. Even a streptococcal sore throat, so typically somatic, carries with it a certain degree of anxiety. Secondly, the diagnosis of a functional complaint is not as easy, or as readily confirmed by scientific test-tube medicine, as are somatic disorders; and I suggest that, in the present state of our knowledge, if six partners made an estimate of neurosis in the same practice, each would give a different figure. Thirdly, the locality definitely influences the incidence of neurosis. In one isolated row of miners' cottages here most of the women (not the men) are neurotic. Buses are few and far between, shopping is most difficult, and there is no social life. Housework and having babies are the only occupations open to the female population, and many crack under the strain.

On the whole our rural community here is a very fortunate one in these hard times. Gardens, fowls, and the back-yard pig eke out the rations. Half the population are miners and have no fuel difficulties. There are a dozen industries in the district, so that the young people have a reasonable choice of work. Social life could be much better, but sport, dances, and the cinemas do offer scope for leisure hours. Perhaps it is this happy combination of circumstances which makes the figures for this area lower than for most places.—I am, etc.,

Ibstock, Leicester.

C. A. H. WATTS.

SIR,—Dr. D. Yellowlees's letter on the subject of the inadequate treatment of the neurotic (Sept. 20, p. 468) is provocative—no doubt intentionally. When I started in general practice I held views very similar to his on the subject. I have referred as many as possible of these patients to the psychiatrists. So far the results are, roughly: cured, nil; improved, nil. The attitude of the patient on returning from "adequate treatment" is, "Now, after this somewhat mystifying interlude, let's get a bottle of medicine."

I am grateful to the psychiatrists for considerable help in diagnosis, and for taking the patients off my hands, but I am becoming convinced that they are quite as impotent as the G.P. in removing the underlying causes of neurosis.—I am, etc.,

Beaminster, Dorset.

ARTHUR DEARLOVE.

Dyspepsia and Aspirin

SIR,—Now that the incidence of upper respiratory infections is increasing I feel that it is no coincidence that the number of patients complaining of dyspepsia is also increasing. Proprietary preparations containing acetylsalicylic acid are numerous, and the usual story is, "I've had a cold, Doctor, and it's settled on my stomach." Invariably I find that self-medication with one of the above is the cause of the dyspepsia.

There are few ulcer patients who can tolerate acetylsalicylic acid, and yet year after year so many of them are allowed to suffer winter exacerbations due to failure to warn them of the danger of such drugs. The odd thing is that so few patients discover this for themselves, yet so readily agree when it is pointed out to them. I have a patient in whom even gargling with aspirin is sufficient to cause a relapse owing to the fact that even a few grains are inadvertently swallowed.

Calcium aspirin is not the answer to all patients who wish to treat themselves for a headache or simple cold. So far I have found that phenazone 5–15 gr. (0.32–1 g.) seems to be harmless. Recently, having seen a severe haematemesis in an aspirin-sensitive patient, I feel that it is not too early to advise all dyspeptics to avoid any drug containing acetylsalicylic acid. The characteristic of dyspepsia so caused seems to be its stubbornness in reacting to the usual alkalis. I might end by pointing out that the "stomach trouble" so often complained of by sufferers from migraine frequently has a similar aetiology—I am, etc.,

St. Helens, Lancs.

JAMES KAY.

POINTS FROM LETTERS

Acute Haemolytic Anaemia (Lederer type)

Dr. G. A. D. writes: With reference to Dr. G. Papayannopoulos's communication on the above subject (Sept. 6, p. 371) I write in the hope that my personal experience may help in earlier diagnosis and also to support the infective theory of origin. From Sept. 3, 1939, to Aug. 1, 1945, I had done two doctors' work and was a bit tired but in reasonable health. On Aug. 1, I felt a persistent nausea and abhorrence to food. On Aug. 2, I had to take charge of a cadet camp for 300 which I could not leave and so remained at my post for 10 days. On Aug. 3, I passed dark red urine in the morning. On Aug. 4, I was so breathless I could not walk the length of the field. On Aug. 5, my hands became jaundiced in the palms. On Aug. 7, I thought I heard a gas engine running, but soon realized it was a drumming in my own head. Any exertion caused breathlessness, and gradually my limbs became weaker until Aug. 18, when I consulted a heart specialist, who found tachycardia and advised consulting a haematologist, whom I saw on Aug. 20, who diagnosed Lederer's anaemia. My haemoglobin was then 19%; no megaloblasts, no oedema, and no splenic enlargement were present. During the following week a swinging temperature made me finally take to my bed, and within a week, in spite of liver injections, iron, etc., I became unable to lift my head from the pillow and went to the Bristol Royal Infirmary by ambulance almost unconscious. Following 6 blood transfusions, I gradually made a complete recovery. May I emphasize that the onset, while it appears acute, is not so much sudden as obscure, insidious, and unusual, and is not recognized by patient or doctor, as a rule, to be of serious import. In addition, the continual drumming noise in the head renders the patient completely mentally bewildered, causing a definite lack of appreciation of the seriousness of the symptoms or their progressive nature. The nausea, "head noises," dulness of visual and mental perception, the breathlessness and asthenia, are so easily confused with nervous exhaustion due to overwork, etc., that it is not until the jaundice, fever, and red urine appear that the diagnosis is made and the life-giving blood transfusions commenced.

Poliomyelitis

Dr. J. C. JONES (London, S.E.25) writes: May I be permitted to indicate a line for the treatment of infantile paralysis that I used in previous epidemics which appeared to give a very rapid cure from the paralysis if given immediately after the pyrexial stage had ended. . . . As soon as the temperature is flat and the paralysis has happened, the patient is at once put on to full doses of strychnine in relation to the age of the patient. This is given for 24 hours, when the dose is increased to 1 min. (0.06 ml.) above the maximum dose. After the next 24 hours the dose is raised again by 1 min., and so on. . . . My experience was that before the dose got dangerously high there was sufficient improvement for one to be able to form a judgment. My opinion is that one should be prepared to push the dosage if necessary until three times maximum is reached. This presupposes that there are no contraindications and that the patient is kept under close observation. Of this I feel confident, that maximum doses are useless, that the cure is established only on the level of over double maximum dosage. . . .

Symptoms of Varicose Veins

Dr. A. P. BERTWISTLE (Dumfries) writes: In their excellent article on "Treatment of Varicose Veins" (Sept. 20, p. 452) Prof. A. M. Boyd and Mr. D. J. Robertson rightly stress lack of pain, save when phlebitis is present. They do not, however, mention a somewhat distressing symptom—namely, a sense of weight and dragging; the limb seems to tire with the least exertion.

Bodies for Dissection

D. M. A. (Birmingham) writes: There is a Cremation Society in existence for those who favour cremation, and I should like to see a Body Donors' (or some other suitably worded title) Society formed in this country.