Hypochondria: Its Definition, Nosology and Psychopathology. (*Guy's Hosp. Repts., October*, 1928.) *Gillespie, R. D.*

Hypochondria is defined as a persistent preoccupation with one's bodily health, out of proportion to any existing physical justification, and with a conviction of disease. No other effect than the belief involved in conviction need be apparent; but there may be some accompanying depression, not out of proportion to what would reasonably be expected to accompany the knowledge of the existence of bodily (or mental) disease. The conviction (like all convictions) defies direct attack.

This concept gives the basis for the nosological isolation of hypochondria as a clinical reaction type in its own right. For a clinical description there are added observational data regarding the course, which is chronic but not (over a long period) deteriorative intellectually or emotionally, the age and sex of the person involved, and the response to therapy. They are nearly always men, so far as the present series goes. This preponderance of the male sex is in accord with the traditional description of hypochondria. It is perhaps explicable on a psycho-pathological basis. The ages in the series described extended from 19 to 60. Inaccessibility to therapy is the clinical aspect of the firmness of the conviction. This also is illuminated by the psycho-pathological analysis. Exact nosological definition enables a distinction to be made from what can now be called pseudo-hypochondriasis—hysterias and anxiety-states. It also enables us to speak of a hypochondriacal development of an abnormal personality, such as the schizophrenic. It is still hypochondria, and it is not correct to consider the hypochondriacal ideas in such instances as part of a larger syndrome. It is more accurate to speak of hypochondria in a schizoid personality, the additions to the pure hypochondriacal picture depending not on a new concurrent development but on pre-existing oddities of personality. On the other hand developments concurrent with the appearance of the hypochondriacal ideas may make it necessary to consider the hypochondriasis simply as part of a schizophrenic syndrome.

The consideration, in certain hypochondriacs, of the possible unconscious trends involved helps to explain not only the fixity of the hypochondriacal beliefs, but their nature (damage to the bodily health), and, in some instances, the actual localization of the physical complaints. A contribution is suggested to the theories of the ætiology of peri-anal pruritus, which appears in some instances to be an anal-erotic masturbation.

An investigation of the personal characteristics that existed before the outbreak of symptoms in certain cases showed a number of abnormal traits, some of which resembled those described by Freud and Ferenczi as depending on anal erotism; but there is not sufficient evidence in these cases to connect the actual symptoms definitely and directly with any particular traits, although some interesting associations suggest themselves. On the whole, the impression is of the very considerable endogenous factor in all such

cases, and of the slight importance of environmental stresses (bodily or external).

The differences in the response to treatment in the series of cases discussed are of interest and importance. J. R. LORD.

The Mental Aspects of Encephalitis. (*Med. Journ. Australia, July* 21, 1928.) *Dawson, W. S.*

This is an interesting summary, illustrated by the clinical records of a number of cases. The author's views may be stated as follows:

In acute encephalitis the mental symptoms are in no way specific, but are those seen in a variety of conditions in which the functions of the cerebrum are impaired through toxic or mechanical causes. Bearing in mind the Jacksonian conception of the dissolution of functions, both mental and physical symptoms may be considered as inhibition and release phenomena following the temporary or permanent suspension of activity at the highest level. The outstanding mental feature in acute encephalitis is lethargy or stupor.

Lethargy may be associated with delirium and restlessness. The delirium may assume an " occupational " type.

Some patients display a peculiar loquacity, mostly incoherent, and lacking the emotional display and appreciation of the relation to environment which characterize the utterances of those suffering from true mania. Profound depression with suicidal impulses has been noted in the acute stage in a few patients.

Since the mental symptoms of the acute stage may not present any distinguishing features, one must depend upon the physical examination for an understanding of the case. Stupor may cause some difficulty owing to its resemblance to hysterical dissociations and the katatonic form of dementia præcox. Stupor, however, in encephalitis is rare without the physical signs of the latter, but cases have been recorded without neurological signs in persons whose brains showed the characteristic findings at the autopsy.

In 30 patients to whose records the author has recently had access, and in 15 seen by himself in the past eight years, the outstanding mental states were as follows: lethargy, 26; lethargy with delirium, 6; delirium (including 2 with the occupational type and 3 with crises of anxiety or fear), 9; no definite mental change, 4; total 45.

The Korsakov syndrome with confabulation and illusions of recognition is an unusual occurrence in encephalitis. It is yet to be learned how many so far unexplained states of excitement and confusion have a toxic or infective basis, such as occurs in epidemic encephalitis.

In Parkinsonian patients treated *in the wards* of the Royal Prince Alfred Hospital and at Broughton Hall there was a distinct mental change in 50% of cases. The same applied to 85% of those referred to a psychiatric clinic. The same patient may pass through a number of stages, from the neurasthenic to the depressed and perhaps to the permanent stage of emotional dullness with more or less intellectual impairment.

All attempts to regard any single mental symptom as a fixed