

depression, and those which result from somatic illness. For the same reason one cannot diagnose post-natal depression in new mothers by asking them if they suffer from disturbed nights! This perhaps explains why so many studies have found a high incidence of depression in ME sufferers.

Unfortunately, in the opinion of many doctors - and particularly psychiatrists - the unquestionably important interaction of mind and body only seems to work one way. Dr Wesseley concerns himself with the part that the mind plays in making patients physically ill. Might there not be some underlying organic processes going on which *cause* psychiatric symptoms? I refer Dr Wesseley to existing papers on the subject of psychiatric sequelae of infectious illness^{1,2}.

In addition, we have recent data from USA researchers showing that anxiety and depression in ME are due to organic brain disease.

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References

- 1 Cadie M, *et al.* Anxiety and depression after infectious mononucleosis. *Br J Psychiatry* 1976;128:559-61
- 2 Hender N, Leahie W. Psychiatric and neurological sequelae of infectious mononucleosis. *Am J Psychiatry* 1978;135:842-4

Fetal heart rate monitoring

The paper by Jenkins (April 1989 *JRSM*, p 210) reminded me of an early and technically remarkable recording of fetal heart sounds together with the mother's electrocardiogram which was made by Dr (later Sir) Thomas Lewis at University College Hospital, London in 1913 (Figure 1). By using a twin string carrier designed in that year by W H Apthorpe he was able with only one Einthoven galvanometer to obtain these two simultaneous recordings. Lewis used the carbon microphone system which Einthoven had designed when he first recorded phonocardiograms in 1907¹.

This recording was placed in the files of the Cambridge Instrument Company and was published² five years after Lewis' death by their technician, S L Barron, who had worked closely with him. Thus it has remained almost unnoticed.

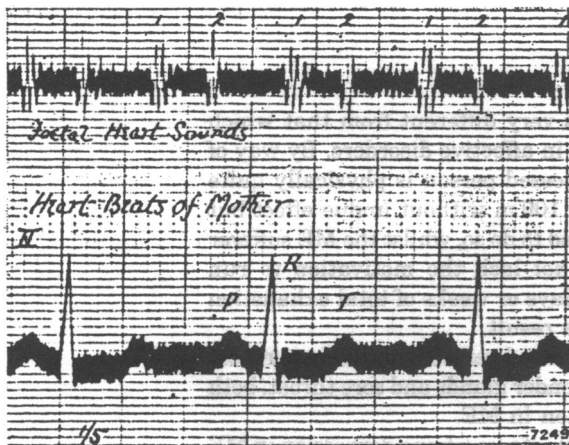


Figure 1.

Goodlin³ states that the first fetal phonocardiogram was made in 1908 and the first fetal electrocardiogram in 1906.

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References

- 1 Einthoven W. L'enregistrement des bruits du coeur de l'homme à l'aide du galvanomètre à corde. *Arch néerl Sci Exact Nat série 2* 1907;12:401-11
- 2 Barron SL. The development of the electrocardiograph in Great Britain. *Br Med J* 1950;i:720-5
- 3 Goodlin RD. History of fetal monitoring. *Am J Obstet Gynecol* 1979;133:323-52

Wind of change II. Medical journals in Britain in 1988

Maurer's plea in his recent letter (June 1989 *JRSM*, p 379) for better reference research is very timely. Part of his problem is, I believe, being resolved by the use of keywords.

Dr Maurer unfortunately does not reference his article nor the American Journal that contained the error complained of, but I would hope that the status of scientific honesty should prevail.

As for 'English' journals, might I point out that the *Canadian Association Journal* has summaries of articles in French (but no keywords in either language), and the *Canadian Association of Radiologists Journal* has both summaries in French and keywords in English. However, Canada is a bilingual country, a fact which accounts for this phenomenon.

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Chronic asthma and hypnotherapy

Long experience in using hypnotherapy for asthma, on the lines initiated by Maher-Loughnan *et al.*¹, ie autohypnosis practised regularly on a day to day basis, shows that it is undoubtedly a most useful adjunct to conventional therapy. It should be regarded as long term *preventive* treatment, not for use in acute attacks, and is most useful for those with emotional or psychological problems², especially those prone to panic. The underlying anxiety should be treated first and direct symptom removal avoided, then as the patient's confidence is restored the asthmatic symptoms tend to improve spontaneously, frequently leading to a gradual but worthwhile reduction in drug treatment (December 1988 *JRSM*, p 701). Used in this way it does not seem to reduce the patients' perception of the severity of their asthma, but Higgs' technique for measuring this might well be useful here (letter, July 1989 *JRSM*, p 446).

The good results of hypnotherapy are well documented³, but why does it work? The British Tuberculosis Association trial⁴ took the Pavlovian view that the benefits came because the daily autohypnosis sessions replaced old habits with new conditioning. But Lum's work on chronic hyperventilation at Papworth⁵, and increasing experience in treating this common syndrome, suggests that it is prevention of hyperventilation which is of most benefit to the asthmatic patient. Hyperventilation