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Letters to the Journal

Letters are welcomed and will be published as space permits. Like other material submitted for publication, they should be typewritten, double-spaced, should be of reasonable length, and will be subject to the usual editing. The accuracy of statements of fact contained in these letters is the responsibility of the correspondent.
Views expressed in Letters to the Journal are those of the writers concerned and are NOT to be interpreted as the opinions of The Canadian Medical Association or of the editors.

A NEW SYNDROME?

To the Editor:

Since the fall and winter of 1965-66 a total of 47 patients have been seen in Quebec City with the following unusual combination of findings: male, heavy beer drinker, with shortness of breath, epigastric pain, left-sided and right-sided congestive heart failure, electrocardiographic abnormalities and greatly reduced cardiac output. Twenty of these died soon after admission; the pathological findings were considered to be unique.

The Department of Medicine of Laval University Medical School extends an open invitation to all interested clinicians, pathologists, epidemiologists, toxicologists and others to attend an open discussion concerning this syndrome to be held on Wednesday, May 25, in the Medical Building.

A program of the meeting is available on request.

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TREATMENT OF CHRONIC SUPPURATIVE OTITIS MEDIA

To the Editor:

I would like to draw the attention of my colleagues in general practice across Canada to a simple and effective method of treating chronic purulent otitis media.

Treatment for this condition has to most of us been less than satisfactory and usually expensive for our patients.

During the past six months I have treated six cases of chronic suppurative otitis media using the following simple method: The purulent exudate is gently removed from the external auditory canal with Q-tips. The nozzle of an aerosol can of Polybactrin powder (containing neomycin, bacitracin and polymixin) is inserted fairly far into the canal, and the middle ear cavity is sprayed for five to 10 seconds.

This treatment is repeated at weekly intervals, and so far all cases have been resolved in three treatments.

I suggest that the patient be treated in the supine position, as momentary vertigo occurs occasionally.

Although this does not, of course, close the hole in the tympanic membrane, the patients are most appreciative of the resolution of the foul purulent discharge from the ear.

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ANOREXIA NERVOSA

To the Editor:

The article "Anorexia Nervosa: The Course of 15 Patients Treated from 20 to 30 Years Previously" by R. F. Farquharson and H. H. Hyland, published in the February 26 issue (*Canad. Med. Ass. J.*, 94: 411, 1966) might be misleading for a number of reasons.

Firstly, it is most unlikely that more than one or two cases of the 15 inadequately reported in this series were patients with *genuine* or classical anorexia nervosa. Most seem a hotchpotch of secondary anorexia or pathological eating problems. Farquharson's definition or formula for anorexia nervosa as "an aversion for food" is catchy but incorrect. The cardinal aspects of the syndrome are disturbance of body image and concept of the physical self, failure to interpret enteroceptive signals, especially those of appetite (often due to a fear of opening the floodgates for eating, sex, etc. and not being able to stop), and denial of fatigue, thus altogether a denial of physical needs, and finally a denial of the psychological self, or refusal to consider psychological needs. The syndrome is usually of long standing (years) before treatment is sought. On this definition, or its variations,[1, 2] most of the cases reported in the article are probably those associated with pathological eating in a variety of primary psychiatric disorders.

Secondly, it is most unlikely that the authors "treated" the cases they reported, because they did not have the facilities for doing so. Anorexia nervosa is a complicated psychogenic condition whose basic treatment is therefore psychotherapy. The authors handled, or palliated their patients, or "supported" them at best, but they could not have treated them, because they could not perceive the essential psychopathology. It would have been of some interest to have found out *who* (what kind of psychiatrist, if any) had treated their patients, before or since they had been seen, and by what means.

Finally, it is, of course, totally incorrect to intimate that Hilda Bruch, who has given a professional lifetime to disorders of appetite, suggested that "intensive psychotherapy or psychoanalysis has usually proved ineffective and sometimes worsens the condition". What Hilda Bruch pointed out was that as a particular theoretical model for interpreting human motivation, psychoanalysis has proved, in her hands, ineffectual in *understanding* properly the condition and that giving *interpretations* sometimes favours *resistance*. On the other hand she, as any rational and knowledgeable psychiatrist familiar with this problem would do, treats her patients by means of dynamic psychotherapy.

Anorexia nervosa is certainly a chronic condition, much more difficult to cure than the authors suggest and not easily prone to spontaneous remissions. In the absence of adequate psychotherapy and reconstruction,

the patient is liable to suffer from a lifelong disorder of appetite which not infrequently swings to obesity.

I do hope that some of the somewhat misleading statements made by the authors, who were merely reporting a vague follow-up of a heterogeneity of psychiatric conditions, have been corrected by these statements. At any rate, the bibliography below will direct those who are interested and wish to learn more to the more updated sources of information.

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1. BRUCH, H.: Symposium on Anorexia Nervosa, Göttingen, Germany, April 24-25, 1965.
2. MAYER, J.: *Postgrad. Med.*, **34**: 529, 1963.
3. KING, A.: *Brit. J. Psychiat.*, **109**: 470, 1963.
4. BLITZER, J. R., ROLLINS, N. AND BLACKWELL, A.: *Psychosom. Med.*, **23**: 369, 1961.
5. CAPPON, D.: Toward an understanding of the psychology of eating, University of Toronto Press, Toronto, In preparation.

To the Editor:

Dr. Cappon's generalization that most of our patients were not suffering from anorexia nervosa can hardly be taken seriously. Our cases, without exception, conformed to the classical picture of this syndrome, as it has been recognized over the years. It would be interesting to know what diagnostic labels Dr. Cappon has in mind, when he refers to our cases as "a heterogeneity of psychiatric conditions". It is significant that only one of the patients later developed schizophrenia, and she was not psychotic when under our observation in hospital. These patients were all very carefully studied, more so than might be assumed from the 15 reported case histories, which were necessarily abbreviated to conserve space. The female predominance and the onset in adolescence were characteristic of the syndrome. The patients showed the gross physical changes, the amenorrhea and the mental attitudes so familiar in anorexia nervosa, including denial of hunger and fatigue, with complete lack of concern about their emaciation even when their appearance was grotesque. The illness is definitely a chronic one, 12 of our patients having had symptoms for periods from one to seven years before coming under our observation.

Dr. Cappon makes a misleading statement when he says, "Farquharson's definition or formula for anorexia nervosa as 'an aversion for food' is catchy, but incorrect." Actually what we did say, in a paragraph describing the nature of the disorder, was "following some emotional disturbance, either avowed or concealed, the patients show an active, morbid or fanatical aversion to eating *high caloric foods*". Dr. Cappon must have read our paper very hurriedly to make such a gross error in quotation.

It is difficult to understand Dr. Cappon's meaning, when he criticizes us for using Dr. Bruch[1] as one of our references regarding the usual ineffectiveness of psychoanalytic therapy, since in his comments about her views he almost admits as much himself. Actually in this article Dr. Bruch, after discussing certain authors' pessimistic opinions with respect to psychoanalysis in anorexia nervosa, states "my experience with traditional psychoanalysis was equally discouraging".

Dr. Cappon's strong criticism of our paper would seem to reflect his belief that treatment of this disorder is no treatment at all unless the patient receives insight psychotherapy. Such an assumption is not unusual in those who are analytically orientated, but experience with anorexia nervosa does not support it. The older school of physicians employing essentially the same methods of treatment as ourselves obtained results, in general, better than those that have been reported in recent years, when intensive psychotherapy has become more available. To mention only three of the distinguished physicians who have had a special interest in anorexia nervosa: J. F. Venables[2] reported nine cases, of which eight recovered; T. A. Ross[3] found that 16 of his 19 patients did "absolutely well"; J. A. Ryle[4] followed up 37 cases of which 21 had fully recovered and six were improved.

Since our study was primarily a follow-up, we did not enlarge on the treatment employed in the initial illness, having done so in our original article on the subject in 1938.[5] Dr. Cappon's statement that "it is most unlikely that the authors 'treated' the cases they reported" is unwarranted. Much time was spent with these patients in hospital, establishing a good doctor-patient relationship, as well as trying to change their attitude towards eating. They were encouraged to discuss fully their relationship with their parents and siblings, their adjustment difficulties and the problems life had presented to them. The chronological development of their symptoms was studied very carefully to establish a possible relationship to any situational or other type of emotional stress that might exist. The endeavour was to increase the patient's understanding of the nature of her illness and the various factors that might have influenced its development. Where possible an attempt was made to change adverse situations. This type of psychotherapy, while superficial, works well. More evidence will be required before it can be accepted that deep psychotherapy is superior to this time-honoured method that has proved so useful.

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2. VENABLES, J. F.: *Guy. Hosp. Rep.*, **80**: 213, 1930.
3. ROSS, T. A.: An enquiry into prognosis in the neuroses, Cambridge University Press, London, 1936.
4. RYLE, J. A.: *Lancet*, **2**: 893, 1936.
5. FARQUHARSON, R. F. AND HYLAND, H. H.: *J. A. M. A.*, **111**: 1085, 1938.

ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF CANADA: 1965 FELLOWSHIP EXAMINATIONS

The Journal regrets the omission of two names from the list of successful candidates in the 1965 Fellowship examinations of the Royal College of Physicians and Surgeons of Canada, published in the issue of April 2 (pages 757-760). They are:

MEDICINE (INTERNAL)

KIRK, BRYAN WILLIAM, M.D. (Manitoba) 1960, Winnipeg, Man.

GENERAL SURGERY

HOPPER, PETER WILLIAM, L.R.C.P. (London), M.R.C.S. (England), 1942, Saskatoon, Sask.