

HYPOCHONDRIASIS: INDIVIDUAL, VICARIOUS, AND COMMUNAL*

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The term "hypochondriasis" has been defined in various ways, but I propose to understand by it, for the purposes of this lecture, any morbid interest in or over-anxiety about health. Hypochondriasis in this sense may affect an individual in regard either to his own health or to that of those near and dear to him, or it may take a collective form and involve a whole community. These different manifestations may be spoken of as individual, vicarious, and communal hypochondriasis respectively, and my purpose here is to consider each of them separately, and to discuss what our attitude as doctors should be towards the affection.

THE GENERAL HYPOCHONDRIAC

Over-anxiety about individual health may take several forms. Perhaps the commonest type is the general hypochondriac: the man who is always fussing about his health and fears that he is getting, or has already, some disease. Such a patient is usually a man in advanced middle life, generally retired from business, who makes his health his hobby, and who collects symptoms as others collect stamps or old china. Retired Army men seem to be particularly subject to the complaint, just as they are apt to make a hobby of interpreting Old Testament prophecies or tracing the fate of the lost tribes. In most cases this form of hypochondriasis is harmless enough, but it must be remembered that it is sometimes the beginning of an involuntional psychosis, and that he who begins by having delusions about his health may end in delusional insanity. I well remember, for instance, the case of a man who began by walking the streets of London, even in winter, with a stout green umbrella to protect him from sunstroke, and who ended with delusions of persecution.

In the management of such a patient our chief duty is to keep him out of the hands of quacks, of whom he is the predestined prey. To attempt to cure him is useless, and would be unkind if it were possible, for why deprive the patient of his main interest in life? (I say nothing of the un wisdom of killing the goose that lays the golden eggs.) Further, one should never tell the patient that there is nothing wrong with him, for that is the sure way to lose his confidence for ever. Listen to him patiently, examine him thoroughly, reassure him confidently, give some explanation of his symptoms, prescribe a placebo, and you send him away happy—until the next time.

THE NOSOPHOBE

The nosophobe is a slightly different type of the individual hypochondriac. He is the man who goes in fear of some particular disease—cancer, appendicitis, venereal disease, "blood pressure," or whatever happens to be the particular dread of the day. I remember such a patient a few years ago sitting himself down in my consulting room and, after staring at me lugubriously for a moment or two, hurling at me in a sepulchral voice the devastating question: "Am I damaged goods?" Not

being much of a frequenter of the cinema I was not aware that a propagandist film with that title had been on exhibition shortly before the visit, so I had to ask him what on earth he meant. Needless to say he proved to be quite sound "goods," but even two negative Wassermann reactions by two separate pathologists failed to convince him of it, so deep-rooted was his syphilophobia. He was a good example of the fact that nosophobia is apt to result from health propaganda acting upon an anxious temperament—a fact which enthusiastic health propagandists would do well to note. I am told, to take another example, that nowadays when "health talks" on maternal mortality are being widely broadcast many young married women are contracting a morbid dread of childbirth, a new form of phobia for which someone will no doubt soon invent a name. It must be remembered, however, that just as general hypochondriasis may be a manifestation of a psychosis so may nosophobia, and I have known of more than one sad example of a man beginning with the delusion that he had cancer or syphilis and ending in a madhouse. In dealing with such patients all we can do is to try to persuade them by the most thorough examination that their "fears are liars," and to this end special methods such as x-ray examination or laboratory tests, even when unnecessary—may be more convincing than the ordinary clinical procedure.

But it is more in the prevention than in the cure of such cases that we doctors have a responsibility. I have spoken of the share of health propaganda in their creation, and I shall have something more to say about that later on, but individually we have much to answer for, because by shadowed hints about a "grumbling appendix," a "slightly raised" blood pressure, a "flabby" heart, or a "suspicious" apex, the seeds of nosophobia are implanted in many patients, never again to be eradicated.

THE CRANK

The third variety of individual hypochondriac is the crank or health faddist: the man who believes that health is only to be attained by following some special rule of life. The particular fad varies from year to year. Often it is dietetic, and health is only to be secured by drinking sour milk, by eating raw vegetables, by abstaining from salt, by taking in vitamins, and so forth; or fresh air and deep breathing are the panaceas, or, as recently, dress reform, or lying in the sun with little or no dress on at all.

In our management of cranks it is well to remember that there is "something in" most fads, and that they are often only virtues pushed to excess. Argument is of no use in such cases, but ridicule is sometimes effective, though it must be applied to the mass and not to the individual. On the whole, unless the crank is actually doing himself harm by his practice, he is best left alone, and after all he often contributes to a grey world an element of comedy for which we should be thankful. But here again we cannot divest ourselves of all responsibility, for almost every one of these "cranks" can claim some medical authority for what he does, and it will be time to deal with the laity when we have purged our own profession of faddery, especially among those of us who undertake to enlighten the public on health matters in the daily Press.

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THE PHYSICAL PRIG

Last among individual hypochondriacs are those whom we may designate physical prigs as opposed to the moral and intellectual varieties of that species. These are mostly young men with an exaggerated standard of health and well-being, who wish, as I have seen it put, to be "utterly fit," and who seek to attain their ideal through exercise, of which in time they become addicts. We do not, as doctors, have much concern with this class of hypochondriac, although as citizens we may agree with *Punch* that "if the whole of England were to concentrate to-morrow on being fit the result would be far more terrible than a general strike."

It is competent for us, however, to ask whether, even from the health point of view, the maximum of muscular development is a good thing to aim at, and whether athletes are sounder "lives" than other people. Every doctor has known young men who have become exercise addicts at school or the university, and who, when they have settled to work in a large town and could no longer get the amount of exercise to which they are accustomed, have suffered in health in consequence. I would suggest, therefore, that as a profession we should encourage the movement towards a more scientifically directed physical education for the young which aims at the harmonious development of the whole body, and discourage a lopsided athleticism; but when the middle-aged man takes up exercise with enthusiasm, or tries to do "physical jerks" to the wireless, it is time that we put in a word of warning in the interest of his heart and arteries.

PARENTAL HYPOCHONDRIASIS

We may turn now to the case of those people who are over-anxious, not about their own health, but about the health of others—the vicarious hypochondriacs. The commonest example is the parent who is over-anxious about his children, but one also finds many among unmarried daughters who are fussy about the health of an aged parent. The wife who has a husband much younger than herself is also apt to be vicariously hypochondriacal about him, although, curiously enough, one does not often meet the young husband who is over-anxious about the health of an elderly wife.

Parental hypochondriasis has now become almost a national danger partly because, no doubt, children, like the Sibylline Books, have become dearer as they have become fewer. Over-anxiety begins almost from the word "go," for no sooner has the *anti-natalist* allowed a child to be conceived than the *ante-natalist* gets busy; the infant is surrounded by an atmosphere of fuss while still in the womb, and the birth is anticipated as a major operation fraught with terrible possibilities both to the child and to the mother. Arrived in this vale of tears, the child falls into the hands of a "scientifically trained" nurse, who considers it her duty to disregard his wailings to be comforted and to make all his infant routine as regular as the movements of the planets. From her care he may pass to that of a welfare centre, where he is weighed and measured and physically criticized week by week, or, if born in a higher sphere, he is made over to the ministrations of a paediatrist, who measures out his meals with the meticulous nicety of an analytical chemist, and plies him assiduously with orange-juice, glucose, and fish-oil. During the "pre-school" age, however, he has a short respite, and may, if lucky, come under the maternal care of an old-fashioned nanny, and it is an ironical fact worth pointing out that this is the very period of childhood at which mortality has fallen most sharply in recent years. But soon, in the lower

classes at least, he passes into the clutches of the school medical service, and he has hardly escaped from that when he becomes a panel patient, with the right to call in a doctor freely for the most trivial symptoms, and by that time he is fully qualified to be an individual hypochondriac on his own account.

Among the so-called intelligentsia parental hypochondriasis is even worse. Not content with keeping a progress book in which the child's physical development is noted down from day to day, the mother is apt, with the aid of an elementary treatise on psychology, to insert clumsy fingers into the delicate mechanism of the child's growing mind, while at the same time she vicariously applies to his body any fad of diet or management which happens to be the fashion of the moment. Apropos of this subject I read some years ago an article entitled "The Antiseptic Baby,"* the first paragraph of which was as follows:

"I hold no brief for the good old days—at least, so I supposed until I saw Philip in his basket. Basket, however, is hardly the word: bath-tub is more descriptive of a 'washable' white canvas affair surrounded by a washable screen to shut out the draughts. Philip's small person was covered with white washable porous woollen. He was dressed in soft woollies, light, absorbent, and easily laundered. His nursery was painted with white washable paint, had bare floor, bare walls, no curtains to take up the dust, no pictures to distract the infant eye, no fire to send out soot, central heating kept at an even temperature throughout the day. I say throughout the day, though how should I or anyone else know it? For no one, except the antiseptic nurse, ever set foot in that nursery during the day. From five o'clock to five-twenty Philip was on view, provided he was not handled or excited."

The writer, after contrasting the very different methods of an old Irish nanny, concludes:

"Yet it was only yesterday that I heard Philip's mother making an appointment with an eminent authority on child problems. 'I am anxious about my son, Philip,' she said over the telephone. 'You know I depend on you. I wish you to advise me how to make him more adventurous.'"

Things are just as bad for children of the boarding-school age. I remember, for example, a boy of 11 whose mother was one of the worst vicarious hypochondriacs possible; her case is typical of many. A private letter from the head master of the preparatory school said:

"By to-morrow the boy will have seen eight doctors in the last two months. We do not doubt his having had asthma at home, and we think it probable that he has an unhealthy appendix and that an operation may be necessary, but we think you ought to realize that Mrs. — is so over-anxious about the boy's health that there is a risk of her making him into a physical and moral wreck. The boy, at present, takes every opportunity of feeling as well as his mother allows him to, but he is so trained to regard himself as an invalid that he may not be able to hold out much longer. The following are the instructions she sent to us with regard to his daily regime:

Colds. Avoid all chance of colds when possible. Go to bed directly a cold begins, and stay there until the cold has gone. Special prescription to be given if a cold starts.

Spray. A new solution. To be used after breakfast, lunch, tea, and senna pods. Three times each nostril, twice on throat each time.

Pains in head. Assigned to bromide medicine, or neuralgia.

Pains in stomach. To be watched for appendix trouble.

Not to have bromide, potatoes, starchy food, spinach, bread, pastry, fruit with pips.

Not to swim. Not to go out before breakfast. To have one teaspoonful liquid paraffin before breakfast, lunch, tea; seven senna pods; warm water before breakfast; flat-foot exercises; one and a half teaspoonfuls bicarb. soda after lunch; two sticks of barley sugar.

* *Norland Quarterly*, August, 1927.

To put on coat or sweater directly after exercise. To avoid dust.

Temperature to be taken night and morning.

So afraid, too, is the modern parent of "microbes" that children are carefully shielded from all possible contact with infection, with the result that they fail to get the ordinary infectious illnesses at the safest age, 5 to 10, but contract them later on, often in a much severer form and at a more inconvenient time. Any medical officer of a public school will confirm this.

You may say that child mortality has fallen greatly in recent years. True, though it is doubtful to what extent all this fuss and over-anxiety are responsible for the fall; but, mortality apart, how about morbidity? Are children really any healthier than they were? Are they as full of vitality? Are they, in a word, as good animals? I gravely doubt it. More and more the modern child seems to me to suffer from lack of appetite, from poor digestion, and from unstrung nerves, and what I am convinced he needs above everything else is more neglect.

Now what should be our attitude as doctors to all this parental hypochondriasis? It has gone too far, I fear, to be stopped altogether, but at least we might refrain from adding to it by giving people the impression that the rearing of a healthy child is a task of superhuman difficulty. When we meet it in the parents of children for whom we are professionally responsible great tact and self-control are required. It is fatal to give the mother the impression that one thinks her "fussy" or "spoiling," since in that case she will simply go elsewhere. All one can do is to be as complaisant as one can, to give in or to moderate when the fad is unimportant, and only to forbid when it is likely to do definite harm to the child's mental or physical health.

FILIAL HYPOCHONDRIASIS

But vicarious hypochondriasis also occurs at the other end of life, and we see every day old people being fretted and fussed by the well-meant anxiety of others for their health. (Father must not go out for fear of bronchitis, he must not smoke because it is bad for his heart, he must not play bridge in the evening because it interferes with his sleep, and so forth: you all know the kind of thing.) Here, I think, we should use our influence in favour of the old being allowed to do in reason as they like, even at some risk to their lives. After all, why keep them lingering superfluous on the stage, and, if liberty to do as they like makes them happier, may it not on that very account make them healthier as well? And surely to try to prolong life merely for the sake of living is no very worthy ambition.

COMMUNAL HYPOCHONDRIASIS

Finally, over-anxiety about health may affect a whole community. It is true that this attitude of mind has not yet, fortunately, got much hold upon the people of this country, though it seems to be rampant in America, but there are plenty of agencies at work even here whose object is to produce what is termed a "health conscience," but which is better termed "disease consciousness." We all know by what methods of lectures, talks, leaflets, and slogans they set about the work, and those of you who saw Jules Romains's amusing comedy *Dr. Knock* a few years ago will realize how easily such methods may succeed in infecting a community with hypochondriasis. Our legislators also take a hand in the game of demoralization, for how many hypochondriacs have the Workmen's Compensation Act and the National Insurance Act, to take only two instances, produced? The morbidity statistics of insured persons provide the answer.

INDIVIDUAL HEALTH PROPAGANDA

Now what should be our attitude as doctors to all this? I think we must first distinguish clearly between environmental hygiene and individual health propaganda. The former is the business of the public health service, and must command our full support and co-operation. Individual health propaganda, however, is in a totally different category. I believe it to be both useless and mischievous. It is useless because there *are* no general rules of health of universal application, but only the one old rule of moderation in all things—even in being moderate—and doctors are the last people on earth to observe it. And health propaganda is mischievous for the reason I have already given, that while it runs like water off a duck's back in the case of the healthy-minded, it creates nosophobia wholesale among the anxious. Attempts are constantly being made to rope in the practitioner in this work. He is told that his teaching and practice must be made more "preventive," and that he does not detect disease early enough. As to this matter of early detection I believe there is a lot of nonsense talked. To listen to some exponents of the doctrine one would think that it had descended from heaven as a special inspiration in the neighbourhood of St. Andrews only a few years ago. That, of course, is a delusion. Doctors have always been trying to detect the beginnings of disease, and I well remember as a student many years ago how the importance of the early diagnosis of pulmonary tuberculosis and of cancer was rubbed into us. The trouble, as every clinician knows, is that disease can hardly ever be detected until it has begun to produce symptoms, and not always with certainty even then. "Oh, but," it is said, "if people were periodically inspected every few months a lot of unsuspected disease would be discovered." Would it? I am very doubtful. How many cases of unsuspected cancer, for instance, are revealed by examination for life assurance? And suppose that you do detect a slightly raised blood pressure, say, in an otherwise healthy man, what are you going to do about it? Advise him to give up his livelihood and lead a sheltered life? And by telling him about his blood pressure will you not create an anxiety which will tend to drive it up still higher? No; I am convinced that the amount of early disease which would be detected by periodic examination is negligible, and that it would be more than offset by the amount of nosophobia that would be created by it.

And as regards prevention, surely every doctor worth his salt has always been doing all he can to prevent disease. When in charge of a case of illness does he not do everything to guard against complications and sequelae? When consulted does he not impress upon the patient such rules of health as seem applicable to his special case? Does he not do all that can be expected of him if he gives advice to individuals how to maintain their health as he has opportunity, and if he encourages them to come to him for examination as soon as they feel anything wrong? Of course, if the practitioner had a larger share in the public health services he could do more in the way of prevention, but that line of approach is often closed to him.

In conclusion one may ask, To what is the prevalent and increasing hypochondriasis due? I believe it is largely the result of causes over which we, as a profession, have no control—of the philosophy of the age in which we live, and especially of an exaggerated fear of life and a decay of belief in a Divine providence. Be that as it may, it is surely our duty to use our influence both with our patients and with the public not to yield to it, and to urge them rather, in the words of Robert Louis Stevenson, to stop their ears against paralysing terror and to run the race that is set before them with a single mind.