Hypochondria: The Layman's Specialty

The Lloyd-Roberts Lecture 1972

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I fear that I have failed in the first requirement of a Lloyd-Roberts lecturer; I have not brought my slide projector, my cine projector, or my overhead projector. I have not even brought my chest X-rays, or my GI series, though—as an expert hypochondriac—I would love you to see them some time.

This is not the first time I have had the honour to appear as a lay preacher before the College of Cardinals. The last time was seven years ago before the Mayo Clinic, where I had the temerity to suggest that, in the English-speaking world, few professions are more prone than yours to abjuring the simplicities of the English language in favour of Greek and Latin polysyllables. I suggested a simple cure, which was to appoint a first-rate teacher of the English language to give regular courses to medical students, someone always on hand who would translate into English the parts and functions of the body at the moment a student was learning them, so that he discovers why fingerbones are called phalanges because he is reminded of the array of a Greek phalanx; and he learns also that lumbar is simply a loin. And then the day might even come when doctors would talk to patients about collarbones instead of clavicles, and admit to a scared patient that oedema is nothing more or less than a swelling. I must admit that this curse of jargon affects American more than English medicine. I was astonished last winter, when my wife was under the weather (the English weather), to hear that she was being treated by 'the chief chest man' at Guy's. Whatever other specialty exists in the United States, I assure you there is no such animal as a chief chest man; I leave you to figure out his equivalent rolling Latin title.

I ended this scolding lecture with this little passage: 'What a fine thing it would be if medical students were compelled to spend some time of every week translating passages from *The Journal of the American Medical Association* into English . . . I am not saying you should drastically reform the *Journal*. It is your playground and you should be allowed to have fun in it. I am not saying that you should not use ilium and tibia among yourselves, but the patient will probably feel more relieved to know that all he has is a pain in the groin or the shinbone.' Then I made this fatal admission: 'Of course, the impulse towards

jargon is very much a matter of character; and it's likely that you can no more cure a naturally pompous person than you can reflower a virgin'.

This address was unfortunately printed in the Mayo Clinic *Proceedings*, and promptly I had a letter from an associate professor of gynaecology in the University of Tokyo. It began: 'But we do it'! Then he went on to describe an exquisite refinement of catgut which dissolved almost in the act of—shall we say—rehabilitating the three little girls from school. I promise you that I shall now watch my metaphors. I shall also try to watch my technical language, and I hasten to assure those of you slightly abashed by my title that I am not going to talk about the lower part of the abdomen. I debated for some time whether to stay with the lay term used constantly for several hundred years, and by eminent medical men. I decided to use it as a sort of bait or come-on for pedants. Sure enough, the moment this title was announced, I had three letters—all from surgeons—saying, in effect, 'I have already learned something from your title: that hypochondria means something other than the lower half of the abdomen, which, I presume, makes hypochondriasis a synonym'. The promptness, or subdued hysteria, of this response suggested that we might add a useful footnote on hypochondriasis among surgeons, who —as we all know— like to get in quickly with the first wounding blow.

Some time ago, a memorable cartoon, by the lugubrious Charles Addams, appeared in *The New Yorker* magazine which crystallised in an hilarious drawing and one short sentence the main complaint of the layman today against the medical profession. It showed a bedroom, and in the bed a very sick man, bandaged beyond recognition. Standing in the foreground were two women, one of them plainly the invalid's wife, the other a visiting friend. The friend is looking more than faintly astonished, as well she might be, for on the other side of the bed is a dancing creature, a nearly naked witch-doctor complete with feathers and a barbaric mask, with bangles around his ankles, a mystic rod in his hands, and smoke coming out of his ears. He is apparently in full therapeutic frenzy and the visiting friend is registering an expression of open-mouthed fright. The wife is turning to her and saying, 'Well, at least he makes house calls'. Such a doctor, in the United States at any rate, is a pearl beyond price.

I did not pluck this title out of the air. No professional writer, even when he is invited to address a distinguished body, is going to lean back airily and wonder what might amuse or instruct them. He is usually preoccupied with some opus or other, and what he tends to give is nothing tailored to the appropriate specification but a chunk of the work in progress. What a lucky thing it was, then, that the College's invitation should have come to me when I was sitting in the apartment of an old friend of mine, a doctor, in San Francisco.

He was, for the first time in many months, relaxing. Not because the load of his hospital work was any lighter than usual. But one patient of his had just gone off, at his urging, on a month's holiday to Europe and she had left him with at least one hour a day to himself. She was not, you understand, seriously ill. The question was, and had been for several years, whether she was ill at all. But she is a veteran hypochondriac with the temperament of Job and all the frailty of Boadicea or Queen Victoria.

We were going over her case and wondering how to incorporate its clinical contradictions in a book that he and I were then beginning to sketch out, a handy manual on the very theme I have dared to choose for this lecture.

Anyway, I had in my pocket the College's invitation and I turned to him and said, more in alarm than modesty, 'Why me? Why should the Royal College of Physicians turn to me, when they might have invited Linus Pauling to recount the conquest of the common cold with vitamin C?'

'Because', he said, 'they're taking no chances. They know that Linus Pauling is probably going to be the first human being to die of the common cold. On the contrary,' he pointed out, 'you have been getting along for years with spastic colon, diverticulosis, an inflamed duodenum, an interesting history of urticaria pigmentosa, not to mention varicose veins, frequent muscle spasms in the lower back, flat feet, and a tendency to argue with yourself when alone. This meeting of theirs is two years away, and you are quite simply a better medical risk.' He also added, 'When you consider that most doctors figure to spend between 40 and 50 per cent of their practice on hypochondriacs, and your friends must tell you things they do not tell us, then practically any layman—and, for heaven's sakes, a reporter—ought to be able to contribute something. Go ahead,' he said. And here I am.

First I should like to relieve you of the fear that I am going to try and tread in your angelic footsteps. Or to go over the ground, the unflagging battle-ground, where the vigorous ghost of Dr Freud disputes with his followers and renegades whether hypochondriasis is a distinct syndrome, an entity, or a symptom. I leave it to you to line up for the next year or so legions of poor guinea-pigs to be weighed in the nine scales of the Minnesota Multiphasic Personality Inventory; or to follow up those 181 docile patients who trooped through the Maudsley Hospital and waited six years to hear whether they were hypochondriacs or psycho-neurotics. I fancy that many of those research subjects must have been only slightly elated to hear that at last they were carrying the proper label. Some of them, I imagine, must have felt much as I did when—after I'd been promised by a surgeon that after a subterranean operation I'd feel like a new man—I felt like the same man but very itchy. I went back to him after some weeks and he said, 'Well, everything fine?'

'No,' I said, 'everything is not fine, I'm scratching my tail off.'

He made a careful examination and came up with a triumphant smile. 'Nothing to it,' he said, 'it's simply post-haemorrhoidal itch.'

'Don't name it,' I said, 'cure it.'

Nor do I propose to rebut or support the very belated assertion of a Seattle psychiatrist that 'the time has arrived when the psychiatrist should have equal time for his opinion on the contemporary practice of medicine. The pseudo-clever sayings of the physician and surgeon at the expense of the psychiatrist have wide currency and may do harm'. I can only throw in the tentative comment that, from a cursory review of much of the psychiatric literature on hypochondriasis alone, it seems to me they have been at it for quite a time. And, as for our right to pseudo-clever sayings at the expense of the psychiatrist, I can only suggest that God did not give psychiatrists an exclusive licence to make remarks about human nature. Plato, Joseph Addison, Benjamin Franklin, Laurence Sterne, and Smollett, to go no further, have all made observations about hypochondriasis and the practice of medicine that are not at all pseudo-clever. They happen to say in sharp language what much of the psychosomatic and sociological literature says in monographs as interminable and dense as a traffic jam. As two examples only, I give you Franklin's 'Nothing is more fatal to health than an over care of it'. And Laurence Sterne's 'People who are always taking care of their health are like misers, who are hoarding a treasure which they never have spirit enough to enjoy'. Compare these shrewd remarks with this gem: 'The authors did not find that the isolated patient used his physical symptoms to promote social interaction with medical personnel'.

Jackson Smith, looking into the even more tortuous body of psychiatric literature, makes the interesting observation that 'psychiatrists tend to be more tolerant of the hypochondriac than the rest of us'. They should be. If they play their cards properly, they can have him for life. May I say that as a generally unrepentant Freudian, who believes that the profoundest psychological discovery of the past century is that in the unconscious opposites are the same, I do not wish to take pot-shots at the psychiatrists from the safe bivouac of a camp of physicians. But a psychiatrist deciding to examine hypochondriasis might do well to remember the venerable Edward Glover's suggestion to psychiatric internes that in their training analysis they ought to ask themselves why they chose a profession in which they will always be right at the other man's expense. And there is also the point that a classical analyst, even if he watches over a patient for as long as ten unproductive years, is one of the few medical men unlikely to be threatened by a suit for malpractice.

Then there is the debate about whether there are more hypochondriacs today than there used to be. This seems to me to be on a scientific par with the

remark of an acquaintance of mine, a very attractive woman in her mid-fifties, who is worried that her daughter of twenty-six, a pretty girl who is having a ball, is not yet married.

'You know,' the mother said to me, 'I'm sure it's because the young people today are not as interested in sex as they used to be.'

'Where,' I asked 'are they not as interested?'

'Everywhere in the world,' she said.

There is only one arena in the field of professional research on hypochondriasis into which, as a layman, I dare to rush in, not so much with a dissent as a pair of raised eyebrows. It seems to me astonishing that down the years, you could almost say down the centuries, from Benjamin Rush in 1812 to Gillespie in 1928, and even into our own time, the doctrine should still persist that there is a fundamental distinction between the male and female hypochondriac, that the male is a compulsive-obsessive neurotic, whereas the female is an hysteric. This has got to be true only in the literal sense that women have wombs. It seems to me to be an interesting example of the male chauvinism of the Greeks, and our long dependence on their language as a descriptive tool of medicine. I do not see why a chronic hacking cough when the winter comes on, a fear of aeroplanes, the instinctive conservatism of doctors in politics, in fact all the protective hypochondriacal behaviour with which a man or woman reacts to the threat of change, should not be put down as an hysterical reaction in both sexes. That doctors are not immune from hypochondriasis had never crossed my mind until I came on a paper, in *The New England Journal of Medicine*, about the special hypochondriacal leanings of medical students. Hunter, Lohrenz, and Schwartzman describe the process as follows—

> 'The following constellation of factors, occurs regularly. The student is under internal or external stress, such as guilt, fear of examinations and the like. He notices in himself some innocuous physiological or psychological dysfunction, for example, extrasystoles, forgetfulness. He attaches to this an undeserved importance of a fearful kind usually modelled after some patient he has seen, clinical anecdote he has heard, or a member of his family who has been ill.'

When I mentioned this, with eyes bulging, to my San Francisco colleague, he said, 'Students, hell. How about the hypochondriasis which chooses a medical specialty?'

'How come?' I asked.

'Well,' he said, 'dermatology is a famous sanctuary for people who are too nervous even to attempt a diagnosis.'

I was even more puzzled, but I should tell you that this dialogue came about because I had suddenly developed brown spots on both legs, just above the sock line. They itched; clearly I am an itching type. Anyway, the affliction completely baffled him. He settled for bedbugs, but there was something abstruse about this complaint that did not satisfy him. Then something struck me. I had been deep in the Nevada desert, and I mean, literally, walking across a petrified stretch of the Humboldt Sink, to re-enact the ordeal of the Forty-Niners over the unavoidable, dreadful stretch of the walk where they had to go 65 miles without water. I asked my friend if he had ever read any of the Gold Rush journals. I remembered, then, that one of the daily irritations they took for granted as they came on to the alkali desert was something then known as 'alkali itch'.

'Well, I'm damned,' said my doctor. He gave me a cortisone ointment and within days it improved dramatically.

'Thank God,' said he 'we don't have to call in a dermatologist.'

'Why so?' I asked.

'Well,' he said, 'I share their confusion but not their nomenclature.'

I pressed him with mounting enthusiasm for other examples of hypochondriasis among doctors. He mentioned anxiety as a key word and reminded me that after a bout of diverticulitis, I had been scrupulously scrutinised by a proctologist who subsequently gave me a diet of things I should never eat or drink again. It ran to two single-spaced typed pages, and I saw myself for the rest of my natural reduced to the gruel and Graham cracker diet of John D. Rockefeller, without— alas —his millions. My friend looked at this list and tore it up.

'Forget it,' he said, 'all proctologists are spinsters, and that's where they think the Communists have been hiding all this time.' (I found out for myself that the only proper diet for diverticulosis is strictly to avoid all those things you don't like.)

This is not the place, and I am not the type, to go into the monsters of hypochondriasis who are too tragic to be funny, though I think we should all pay tribute to the really splendid case of Mrs M, reported by Dr Paul David of the Chicago Medical School. She must be the reigning empress of hypochondriacs. Beginning in 1953, with an amoebic infection, she was apparently cured by cortisone but complained that it had 'shocked her system and changed her metabolism'. She thereupon insisted on being proctoscoped three times a week (maybe she, too, thought she was harbouring a Communist), and from then on, for the next ten years, began to shop around. By 1963, she was regularly visiting the GI clinic for colitis, the Metabolic clinic, the Allergy clinic for multiple allergies, the Neurology clinic for numbness in her right arm,

the Dental clinic for a small node under her left jaw, the Medical clinic for regular check-ups, the Chiropody clinic for an ingrown toenail, the Ophthalmology clinic for pain in the left eye and a granular eyelid, the ENT clinic for difficulty in swallowing, the Cardiac clinic for a flutter, the Orthopaedic and Arthritis clinics because the X-rays of the lumbar spine revealed osteoporosis, the Dermatology clinic because her hair was falling out, the Surgical clinic for a small nodule on her right arm and the Gynaecology clinic for a Pap. smear. She is, need I say, still in rude health. And may I now make amends for my earlier sideswipes at the psychiatrists. She was referred to the Psychiatric clinic, was delighted to add another to her list, and one year later had shed all her afflictions and now requires an occasional Alka-Seltzer.

Having put my toe into the deep water at your end of the pool, may I now retire to the shallow end, where even an amateur may wade, pausing along the way only to say that the technical literature warms a layman's interest only in so far as it comes close to the perceptions of the greatest of modern diagnosticians of hypochondriasis. I mean the late Stephen Potter. I therefore bow gratefully in the direction of Dr Asher for his analysis of the Munchausen Syndrome and Dr Edwin Clarke for his happy coining of the Hospital Hobo, of whom Mrs M is a superb example.

So now I dare to add a note of my own, which may be naive but may with luck contain one or two of those forgotten obvious truths which tend to issue from the mouths of babes and sucklings. I hasten to accept my San Francisco friend's cogent observation that a reporter and a doctor have, or ought to have, something in common, namely, a habit of observation. I say a habit and not a gift, because even when it is inborn it has to be developed. In fact, I believe I turned into a reporter because of an early fascination with Sherlock Holmes and the later luck of being the son-in-law of a very distinguished epidemiologist, who enthralled me when he recounted the sort of detective work involved in the isolating and naming of tularaemia, or the famous plague of amoebic dysentery at the 1933 World's Fair in Chicago (which turned out to have come from a single barrel of infected oysters shipped a thousand miles from a seaport town in Maine, delivered to a single restaurant in Chicago, and served between certain hours on a single evening). Even though I have now retired from the daily grind of a reporter whose job is not to say how the world should turn but how it does, I cannot overcome the reporting habits I picked up long ago.

I had better begin by following the prescription of Henry Plummer, novel in his day, of a family history. My father was the hypochondriac in the family. He expected the human body to work to perfection every minute of the day. His happened so to work, but he started in early manhood to study dietetics. However, he did not let his studies interfere with his natural tastes, which were

those of any ordinary Lancastrian born a hundred years ago. A half dozen oysters, mussels or winkles for breakfast, moving on to fried bacon and eggs, and fried bread, a pot of tea, a loaf of bread and marmalade, and—after three intermediate meals, all fried—winding up at 10 p.m. with cake, cheese and biscuits and coffee to see him safely through the night. (In retrospect, he reminds me of a famous American baseball player, one of the first blacks in the game, who pitched his last game when he was in his early sixties. When he was asked by a radio interviewer what was the secret of his astounding longevity, he said: 'Ah puts it all down to mah diet—nothin' but strickly frahd foods.')

My father, at the age of 42, turned green one afternoon and fainted. He was convinced that the end had come and went into total despair for twenty-four hours, after which he reverted to his normal blooming health for the next forty-seven years. In old age, he put it down to being a non-smoker, a teetotaller, and the swigging of a morning saucer of Kruschen's salts. It never occurred to him that a daily walk of ten miles and an incorrigibly cheerful temperament might have had something to do with it. By the way, he had a tremor of the hands all his life, and the mere mention of a doctor made it worse.

My mother, on the other hand, was a very tough invalid for her 86 years, being possessed of a splendid constitution and appalling bronchia, which produced terrifying daily coughing fits, any one of which would have made my father drop dead out of sheer fright. And yet my mother, who lived on the assumption that serious illness was what happened to her friends (which indeed it eventually did) was completely free of personal hypochondriasis. I say 'personal', to distinguish her from what might be called the *folklore hypochondriac*. She believed, like the crusading journalist, everything she was told. And in her childhood she had evidently been told plenty; such as that open windows, and draughts sneaking under doors, cause pneumonia. This is a folk belief especially strong in the North of England, though I regret to say it stops short at the Scottish border. The result was that our living room, like that of most other North of Englanders I knew, was kept at about ninety degrees, with clamped windows and a roaring fire. To this upbringing I ascribe my pleasure at living in American houses, where Dickensian mists do not pervade the dining room, where also you take a bath (in the bathroom) without the remotest awareness that the outdoor temperature is ten above zero, where people never seem to have heard the British axiom that whatever is uncomfortable is good for the character.

I did, however, pick up most of my mother's medical cautionary tales. Sitting on wet steps was a certain recipe for piles. As soon as May was out, you threw off your singlet and braced yourself against an Arctic June. The general misunderstanding of the tense of the verb in the folk saying, 'Feed a

cold and starve a fever' meant that at the first sneeze you were fed like an elephant, and if a fever appeared, you then went on a starvation diet.

The folklore hypochondriac more than most, I think, fights a winning battle against his intelligence. My mother was an intensely intelligent woman and witheringly observant about human frailty (in other people). But at the first hint of a thunderstorm, the first darkening of the sky, she would retire under the nearest table with the family cutlery.

I do not know how I got through all this but I suspect that the mechanism of a temperament that overcomes its environment is but little understood. I had the strictest Methodist upbringing. I was assured early on that hell-fire was an actual postmortem sauna, reserved for people who swore, drank spirituous liquors, played cards (except whist, which was then respectably in fashion) or went with girls. But I went with girls from the age of four, and if that was a premonition of hell-fire it was very agreeable indeed. I hazard a clinical guess and put it down to an actual split in my father's personality between what he, a lay preacher, had been taught and went on teaching and the contradictory truth, as he couldn't help noticing it: as, for instance, that godless men were often kind, that some people who drank were very affable, that many an adulterer seemed to be having a good time. In other words, and in the teeth of everything he had learned and thought he believed from the Old Testament and the New, he really held Mr Justice Holmes's view of truth: 'That which a man cannot help believing must be so'. In his case, he could not help believing that his observation was better than his instruction, that life was nothing like so miserable as his spiritual teachers had insisted.

On the other hand, most hypochondriacs cannot help believing the worst. Or let us say that there is the *fatalist hypochondriac*, who takes an instinctively dramatic view of life and therefore believes in instant cures and instant damnation. In my observation, this type is very common among theatre people; and I have noticed a striking sympathy between their view of health and their view of politics. The people who hear that a man is going to have an operation and immediately conclude he has a malignancy are the people who also immediately conclude that proof of a bribe taken by a government official shows that the whole government is corrupt; or that Mr Nixon's visit to Peking will permanently soften the Chinese.

I suppose most laymen, and possibly a few doctors, still think of the hypochondriac as a melancholy person, because we are prejudiced by the literal definition that that is where depression and low spirits came from. But let us now consider the bounding or *smart-Aleck hypochondriac*. He keeps up with the latest cures, for he has always something to cure. He keeps up with the latest illnesses, and takes vigorous steps to combat them. There is a new drug,

and in acquiring it he conveys that medicine has been floundering in a dark tunnel since Hippocrates and has at last seen the light. He usually has a passionate belief in vitamins, following their miraculous progress through the alphabet. One year it is C, the next D, now E. He ridicules the doubts of any layman; and his doctor, if he is wise, does not tell him that he cannot build up an inventory or storage battery of vitamins, that if he takes 400 units a day of vitamin C he will use five of them and pee 395 away. These smart-Alecks are often very healthy people but only, they assure you, because they religiously observe a regimen: fifteen minutes jogging, two dozen deep breaths, two sets of vitamin pills at intervals and honey from a special farm in Canada or Norway. And they have discovered a pharmacopoeia all their own.

This brings up the question, which is presently seizing a committee of Congress and the officials of the Federal Drug Administration, of how much people should be left to medicate themselves. In a recent hearing by the FDA, one of its medical men, attacking the idiotic medicine which most people learn from the telly, said that his agency had listed over a thousand across-the-counter drugs that are suspect in the sense that most of them are totally ineffective and some of them are harmful. But to prove it, the FDA would have to bring several hundred test cases before the courts. And he figured that each one would take, on appeal, about three or four years to settle.

I myself believe that the telly and the miracle ads — short of propagating actual harm —are a boon and a blessing to doctors, for most people everywhere practise self-medication until the symptoms grow alarming. And human nature being what it is, the chemists (and especially those knowing pharmacists who are physicians *manqué* and love it) save doctors from queues of people who, if they were more intelligent and less gullible, would clutter doctors' consulting rooms from dawn to midnight.

These erudite findings will conclude on a note which sounds ever more resonantly as people get along in life. Hypochondriasis in marriage. I would like to look at a couple of variations on what might be called the *supportive hypochondriacs*. Dr Jackson Smith has graphically described the case of Mrs Wilma S. and her immortal husband George, who takes her tenderly to the doctor week after week, year after year, for her headache. He is as much concerned when she hasn't got it as when she has. For George was 'never comfortable around women unless he could help them' provided he was not called on to fulfil the most obvious marital requirement. Wilma appreciates his boundless consideration, especially in the matter of 'letting her alone'. And, says her doctor, 'George is intuitive enough never to let his joy over this arrangement shine through'.

The first variation that occurs to me is the *martyr hypochondriac*, most

often the wife, though, in time, Women's Lib may drastically change that. She is apparently devoted throughout a long marriage but is never free from several chronic ailments. Suddenly, if she's lucky, she becomes a widow. Her symptoms vanish, she takes off; she, who had been a housebound housewife, takes up the 'cello, goes to the theatre, rustles up old female companions and goes to the mountains, or the West, or Europe. She blooms, she puts on weight or takes it off, according to whichever she had regarded as her lifelong problem. I have only very rarely known a widow who did not take a new lease on life. I have never known a widower who did. This may go to show that inside every devoted wife is a women's liberationist struggling to get out.

Then there are the linked, or *Siamese hypochondriacs*, the mutual martyrs. The couple, usually of much character and bristly temperaments, who battle through a stormy marriage for most of their years. One of them has always been the hypochondriac and the other has been the barely tolerant complainer. But in the end the complainer develops self-protective symptoms and is brave about them (not too brave) just brave enough to leave the hypochondriacal partner well aware that he too—usually the he — has his troubles and is putting up with them manfully. Misgivings begin to overtake the original hypochondriac, and then kindness. Now she becomes as protective of his symptoms as of her own. And they totter down the twilight years happy in their mutual protection. They would love to go to the theatre, but — they will have to call off the dinner because he, poor man, she, poor old girl, is not up to it. It is an odd but frequent method of impersonating Darby and Joan. I recall such a couple, now very aged, and living in perfect serenity. The husband explained to me some time ago: 'I remember in the tough times, we were tempted to try psychoanalysis. Happily, we didn't do it. Our neuroses have grown together. Uproot one, and the whole tree would collapse'.

Throughout all this, I have been going on an assumption we are all too unwilling to question. Which is that the hypochondriac is always unhappy. Let us end by considering the *happy hypochondriac* of whom I humbly take myself to be one (until the next twinge of the diverticulae, the sudden suspicion that somebody has just shot an arrow into the gluteus maximus). I sometimes think that the difference between an unhappy hypochondriac and a happy one is no more, but no less, than the difference between an unsuccessful and a successful show-off. Anxiety, I believe, is the secret spring of more things than bigotry, rudeness, conceit, and wit. I suggest that hypochondriasis is a special sort of failure to liberate anxiety. (And I am aware that to accept this theory, we shall have to give the lie to Gillespie's contention that anxiety has nothing to do with it.)

The anxious one yearns for the limelight but feels guilty about grabbing it

(hence the saying that shyness is the most flagrant form of conceit). So the punishment takes the form of inducing pain to encourage the concern of friends and, above all, of the one person actually in control of the spotlight, the doctor. Among my hypochondriacal friends (you will have gathered by now, my many hypochondriacal friends) I count a formerly beautiful woman whose number of alarming symptoms has increased in inverse proportion to the decline of her beauty. She has learned with Walter de la Mare, what is always heart-breakingly hard to accept, that 'beauty vanishes, beauty passes, however rare, rare it be'. I hope very much that her doctor exercises all the compassion of which he is capable, for while it is an ordeal in itself to be a woman, it is a difficult thing indeed to be a beauty from the start, and a handicap no one should be saddled with, and it becomes crueller and crueller as the spotlight veers away and leaves her in the unnoticed shade.

Women and beauty apart, I hope you will be sympathetic to this view of any hypochondriac as an anxious person who has not the luck, or the talent, to take the limelight by any other means than the eruption of symptoms.

But let us finally look at the happy hypochondriac, fortunate in talent, or beauty, or sheer gall. I am thinking not of the show-off merely, the social nuisance, the club bore, the Lady Bountiful. For the perfect example of what I have in mind, may I recall the peerless figure of Walter Hagen. For the laymen, may I quickly say that Walter Hagen, though not the greatest golfer who ever lived, was far and away the most colourful, the most outrageously unabashed, a master gamesman who made a habit of unnerving and beating better players through most of his prime. He dressed like a peacock and lived like a maharajah, at a time (in the early twenties) when professional golfers were meant to imitate their betters, and dress soberly, and say 'sir'. He introduced to England the two-tone footwear that became known as the 'co-respondent's shoes'. This bit of bounderism produced such a trauma in his British opponents that—according to Stephen Potter—it marked the end of the British dominance of the game.

Hagen decided that a pro was just as good as an amateur. And when he first encountered the English golf tradition whereby the members dined in the clubhouse, whereas the pros took their vittles below stairs somewhere, Hagen simply hired a Rolls and a chauffeur and a butler, and a lunch prepared by the Savoy, arrived at the famous course, had the car drawn up in front of the clubhouse, ordered the butler to lay a tablecloth on the grass, and sat there quietly wolfing mousseline of salmon and cold turkey and champagne while the members seethed inside over their beer and sausage-and-mash. Never again was a professional refused the run of the clubhouse in British tournaments.

Hagen used to arrive on the first tee of a major championship, swing his club a couple of times and drawl 'Waal, who's gonna be second?' He made a point of staying up drinking hideously late, on the eve of a crucial match, and when his drooping friends came to to remind him that his arch-rival had been in bed for hours, he said, 'He may be in bed, but he's not asleep'. In a fine demonstration of the happy hypochondriac, he was once about to have his photograph taken with the other members of the Ryder Cup teams. They began to assemble out by the putting green, and Hagen was there early. This, he thought, was an error. He quietly slipped away to the clubhouse, sat down and started up a cosy conversation with a friend. Half an hour later, the lawn was agog with cries of 'Hagen! Find Hagen! Where's Hagen?' In the meantime, he had changed into a more resplendent outfit still, and at the last moment, when he had been given up, he ambled out to a chorus of 'Ah, there he is, good old Walter'.

Obviously, here a great deal of anxiety had to be placated. It was simply the luck of his temperament—that unanalysed word again—that made him able to impose his hypochondriasis on everybody else and make it a joy instead of a bore. If the connection is unclear between this happy exhibitionism and the anxiety it liberated, may I just add that when he had gone past his prime, he retired to a small Pennsylvania town, among people who had never heard of him, went, you might say, into retreat; and for most of his later years was an invalid.

So, I can only say, after an experience of hypochondriasis which is getting to be rather long, that there are people of all ages, and of all sexes (male, female and reconstructed), people plainly or dubiously hypochondriacal, who nevertheless need doctors. Not merely to tell them that the symptoms presage nothing serious, that nothing is the matter; but, whether or not anything is the matter, to tell them that they should do certain things under medical instruction—cut out the coffee, avoid pepper, take off the back brace and then enthusiastically suggest that it be put back on again. I'm sure that most doctors long ago found out that reassurance is not always enough. The practised hypochondriac is artful at inviting reassurance in order to reject it. And then the doctor himself, if he's not careful, is hurt and he, too, becomes a hypochondriac, though a licensed one. I am sure that what is needed is constant, patient instruction, the prescribing of innumerable placebos hailed as possible sovereign remedies. But at all times prescribed with compassion. For the doctor facing the hypochondriac is an essential substitute, in an irreligious age, for that Someone who is supposed to watch over us. Remember, in spite of its vivid glimpse of male chauvinism, the remark of Dr C. Russell Scott: 'If like all human beings, the gynecologist is made in the image of the Almighty, and he

is kind, then his kindness and concern for his patient may provide her with a glimpse of God's image'. So it may and must, until we can boost the supply of women gynaecologists, when the grateful patient—especially if she is a member of Women's Lib—will see revealed God's image as she had always suspected it really was. Having delivered her baby, she will then be able to pass on to her friends the advice Abraham Lincoln gave to an audience of the very earliest suffragettes: 'Ladies, when you are cast down, pray to God. She will provide'.

Finally, I return to the book which Dr Robert Woods Brown and I have been brooding over, both in the surgery and on the fairways. We hope to keep it to under ten volumes. The title is mine, but the splendid sub-title is his. We hope to call it: The Hypochondriac's Handbook, or—How To Scare The Daylights out of Your Doctor and Still Retain the Affection of Your Loved Ones.

Professors Beware

There are two appalling diseases which only a feline restlessness of mind and body may 'head off' in young men in the academic career. Intellectual infantilism is a well-recognized disease, and just as imperfect nutrition may cause failure of the marvellous changes which accompany puberty in the body, so the mind too long fed on the same diet in one place may be rendered rickety or even infantile. Worse than this may happen. A rare bodily state is that of progeria, in which the child does not remain infantile, but skips adolescence, maturity, and manhood, and passes at once to senility. It takes great care on the part of any one to live a mental life corresponding to the ages or phases through which his body passes. How few minds reach puberty, how few come to adolescence, how few attain maturity! It is really tragic—this widespread prevalence of mental infantilism, due to careless habits of intellectual feeding. Progeria is an awful malady in a college. Few faculties escape without an instance or two, and there are certain diets which cause it just as surely as there are waters in some of the Swiss valleys that produce cretinism. I have known an entire faculty attacked. The progeric himself is a nice enough fellow to look at and to play with, but he is sterile, with the mental horizon narrowed, and quite incapable of assimilating the new thoughts of his day and generation.

(*Adapted from the writings of William Osler.*)