PSYCHOSOMATIC MEDICINE

Cancer—a stress disease?

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Clinical impressions are of value only when they are subjected to rigorous scientific examination. It has been one of my clinical impressions that the overt presence of malignant disease has a very distinct temporal relationship with preceding severe emotional trauma. Should this be so, then there are implications for the early diagnosis of malignant disease in general practice, assuming that the earlier a malignancy is diagnosed then the better the prognosis.

A HYPOTHESIS is postulated linking acute emotional trauma and the later appearance of malignant disease; the hypothesis includes consideration of which system might exhibit such disease.

Hypothesis

Although malignant disease has many causes let us suppose that the vital link is a change in the immunological system which permits the unrestricted multiplication of neoplastic cells some of which might be lying dormant for many years, 'sleepers' so to say.

Severe emotional trauma could be one of many insults that interfere with the immunological system's ability to control these 'sleepers'. The 'sleepers' might be awakened to wreak havoc in that body system which has exhibited previous sensitivity to stress in the widest sense.

Three illustrative case histories

- A sensitive and kind man—a member of the Communist Party—was devastated by the Krushchev revelations of the Stalin era.

  He felt compelled to visit all his friends and acquaintances who had disagreed with his political views in order to apologise to them for his heated arguments prior to 1956. About a year later he had a rectal bleed and a large carcinoma could be felt easily on rectal examination. This man's system that responded poorly to stress was his gastrointestinal tract for he had had a duodenal ulcer and had suffered bouts of diarrhoea since the 1930s.

- A widow living with her demanding mother responded to that stress with periods of mastodynia and breast lumpiness. Her mother died and her breast symptoms became worse.

  About a year after her mother's death, during which time she reproached herself for not having been a kinder daughter, she developed carcinoma of the breast.

- A photographer who had had lifelong asthma was in business with two dear friends. The two friends were in charge of the business and public relations aspects of the firm's work.

  After many years he discovered his two friends had been cheating him for a considerable time. 'Here have I been in the darkroom like a pit pony while they've enjoyed crooked business expense accounts' was how he described it. Within a mere few months a change in cough with haemoptysis heralded a rapidly growing and fatal bronchial carcinoma.

If this clinical hunch is correct, what are the implications?

Clinical implications

If somebody over 45 years of age suffers severe acute emotional trauma, then the doctor glancing through the clinical notes might recognize that that person's somatic response to stress is in say the gastrointestinal tract. Such a person would be checked for symptoms and have an occult blood test performed every three months for perhaps 18 months.

Thus the general practitioner could be on guard to detect a cancer in a specific body system in a person who had been identified as being especially at risk within the practice community.

Testing the hypothesis

My hypothesis may be tested both retrospectively and prospectively.

- Every new case of cancer diagnosed within a practice population would be reviewed for severe emotional stress in the preceding two years by means of a recognized questionnaire. A control person would be similarly reviewed.

- Every person over 45 years old known by the doctor to have suffered a severe emotional trauma would be followed clinically at predetermined intervals, for a predetermined time, in a predetermined manner, in order to detect the development of a cancer.

The control population presents difficulties. For example, should all people over 45 years of age with severe acute emotional trauma be allocated randomly to surveyed group or 'left-alone' group? Would that be ethical? Should there be a control person for each trauma sufferer?

Conclusion

If this hypothesis is correct, then primary care physicians will have an identifiable population to follow clinically. This population is at risk to a lethal disease which is costly to treat. The disease has a better prognosis the earlier it is detected and is such that screening or case finding may be expected to generate good patient compliance.