Clinical Notes

Psychological Disturbance in Association with Infective Hepatitis*

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I have been struck by the frequent occurrence of serious psychological upset associated with infective hepatitis. I have records of 140 cases in persons above the age of 14—30 males and 110 females—with an average age of 40. These cases were collected in an attempt to study the method of spread, but this proved to be an impossible task.

The association of depression with hepatitis is well known. The expression "a jaundiced outlook on life" has become proverbial. As a general rule the depression lightens somewhat when the jaundice appears. I consider that in 20 of these cases (14.3% of the total) psychological upset was greater than is usual in jaundice and continued for longer. They may be divided into two groups:—

A. Pre-existing Instability made worse by Hepatitis (10% of cases). Fourteen of these patients gave a history of anxiety or instability. Of these, two were spinsters, 11 were married women, mostly nearing the menopause, and one was a man of 50. The average age of this group was 45.

Case 1. A man of 50 (a mechanical inspector of buses) was subject to asthma all his life and had had peptic ulceration. He was introspective. In May 1953 an upper respiratory infection was followed by infective hepatitis with slight jaundice and a liver palpable two fingerbreadths below the costal margin. His liver returned to normal at the beginning of July, but he remained worried and depressed with marked cancer phobia. He was able to start work a month later. During the winter he remained miserable, coming up periodically for reassurance that there was nothing seriously wrong. In March of this year there was a pain at the right costal margin and the liver enlarged to one fingerbreadth. He was unnecessarily worried about loss of weight (he had been 15 stones). He slept well and his appetite was good, but he was miserable and not enjoying his work as he should. Over the next three weeks the liver condition improved and with it his cancer phobia. I met him recently when I was attending his son. He is well mentally and physically.

Case 2. A farmer's wife aged 35, happily married and with two children, had suffered from claustrophobia and had consulted a psychiatrist on one occasion in 1946. In January 1952 she developed mild infective hepatitis which lasted three weeks. She remained weak, nervous and depressed, with severe headaches, and spent a great part of the summer in bed. She continued to complain of "floating turns," headaches and fatigue off and on for 18 months. Then she developed an acute anxiety state with hysterical attacks. Investigations were negative. A consultant considered that the illness was very similar to anorexia nervosa. She has improved slowly.

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- B. Cases without a history of previous psychological disturbance (4.3% of cases). There were six of these cases—three married and two unmarried women, and one man. The average age was 28. Three of them had severe or recurrent attacks of hepatitis and three had a relatively mild single attack with minimal interest.
 - Case 3. A married woman aged 24 developed a depressive type of reaction a month after an attack of hepatitis in December 1952. Investigations in hospital showed no evidence of liver damage. In February 1953 she was treated by E.C.T. but would not complete the course of treatment. In April of that year jaundice recurred with slightly enlarged liver. For the next six months she was sometimes well and sometimes depressed, with headaches, feelings of inadequacy and anorexia. In October 1953 the liver again became palpable and tender. A month later she had to be certified. She has been fairly well at home for the last two months but is showing signs of depression once more. The liver appears to have been normal for the last six months.
 - Case 4. An Italian ex-P.O.W. aged 37 has been on a farm for eight years. He developed infective hepatitis in February 1952 with considerable enlargement of liver and spleen. Subsequent complete investigation showed no evidence of amoebiasis etc. but did demonstrate a duodenal ulcer. The illness dragged on for seven months. During the earlier months he was depressed and introspective to an extent that suggested an alteration of personality. He refused to be reassured that symptoms such as constipation were not serious. I have known this man since 1948 and am convinced that there was a great deal more to these symptoms than the volatile Italian temperament. He is now well physically and stable mentally.
 - Case 5. A woman of 35 had three attacks of infective hepatitis since 1950, none of them severe. A marked feature has been depression and inability to concentrate. There has been marked diminution in mental and physical energy. Concentration on a problem for an hour or two has produced a week of prostration, with tenderness and slight enlargement of the liver which had not been present for some weeks previously. She described this aspect of hepatitis succinctly by telling me of a visit from a friend with similar trouble, whose first question was "How's your brain?"

Hepatitis is not the only infection which causes psychological disturbance; almost any illness can do so. One is left wondering whether these psychological illnesses would have been precipitated in these patients by other infections; I, personally, cannot help feeling that the hepatitis has a specific effect in view of the high proportion of breakdowns that occur in this condition.

Prolapsed Haemorrhoids Treated by Hyalase— A Case-Report

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The patient, an ambulant hemiplegic of over 60, had suffered for years from haemorrhoids. Three months ago his haemorrhoids prolapsed, giving rise to an irreducible mass at the anus as big as a man's fist. He was in bed at home for two or three weeks without any improvement, and was then moved to hospital for adequate care and nursing. In spite of this, and the application of a series