role as an emotional substitute for this loss. The hypothesis may be spurious, but until it is explored and refuted casts a shadow of doubt on the conclusion that maternal viral infection is an important cause of schizophrenia.

WALSH, F. W. (1978) Concurrent grandparent death and birth of schizophrenic offspring: an intriguing finding. *Family Process*, **17**, 457–463.

JOHN SPENCER

Sir Charles Gairdner Hospital
The Queen Elizabeth II Medical Centre
Verdun St
Nedlunds
Western Australia 6009

Declining incidence of hysteria

SIR: The declining incidence of hysteria in an Indian state (Nandi *et al*, *Journal*, January 1992, **160**, 87–91) is an interesting example of sociocultural changes influencing the expression of emotional distress. In a similar way, as modernisation and an emphasis on individual freedom have led to an increase in personal autonomy and introspection in the Western world, it has been speculated that the expression of emotional distress has moved from the bodily mode to the psychological mode, causing a dramatic reduction in the incidence of conversion disorders (Leff, 1988).

As a parallel phenomenon, deliberate self-harm has been increasing in the past few decades in the West. In India, it is unusual to find the syndrome of deliberate self-harm which involves repetitive episodes of low-lethality deliberate self-harm in non-psychotic, non-mentally impaired individuals. This common, well-recognised and stable syndrome in the West shows several consistent similarities with hysteria, especially conversion reactions (Merskey, 1979). These include: (a) a preponderance of younger females, (b) a common direction towards an escape from an unbearable situation, (c) the occurrence of gain from resolution of a conflict, (d) dependency and regression in the personalities involved, (e) a strongly manipulative effect upon the environment leading to secondary gains and (f) association with sexual conflict. In addition, there is often (g) a tendency to cluster in epidemics and (h) the indifference of the wrist-slasher to the act of cutting closely resembles the "belle indifference" of the hysteric. Psychiatrists who have worked in both the developing world and the West are immediately struck by these similarities. The personal reaction of the treating doctor is identical in both cases with unconscious resentment at apparent deception, resulting in the labelling of such behaviour as 'immature' and 'silly'.

Patients who harm themselves often describe a state of dissociation during the act and an analgesia to the pain resulting from the act, both are appparently hysterical mechanisms. It is also interesting to note that eating disorders have been reported in association with both hysteria (Kay & Leigh, 1954) and deliberate self-harm (Favazza *et al*, 1989). There is also some anecdotal evidence of a combination of dysorexia, female genital self-mutilation, and hysteria, described as Caenis syndrome (Goldney & Simpson, 1975). Diagnostically most cases of manipulative, impulsive and low-lethality self-harm are now placed under the broad category of Borderline Personality Disorder. Merskey (1979) has argued for a special category of "Hysteriform Borderline Disorder" for cases where borderline ego defences of projective identification, massive denial and splitting are present along with conversion symptoms.

As a reaction against helplessness, both hysteria and deliberate self-harm are possibly similar "physical preverbal messages". The pathoplastic influence of cultural differences that determine these presentations are most likely to be in the autonomy–dependence and activity–passivity domains. It would be interesting to see if a parallel increase in the incidence of deliberate self-harm follows in India.

FAVAZZA, A. R., DEROSEAR, L. & CONTERIO, K. (1989) Self mutilation and eating disorders. *Suicide and Life-Threatening Behaviour*, **19**, 352–361.

GOLDNEY, R. D., & SIMPSON, I. S. (1975) Female genital self-mutilation, dysorexia and the hysterical personality: the Caenis syndrome. *Canadian Psychiatric Association Journal*, **20**, 435–441.

KAY, D. W. K. & LEIGH, A. D. (1954) The natural history, treatment and progress of anorexia nervosa based on a study of 38 patients. *Journal of Mental Science*, **100**, 411–431.

LEFF, J. (1988) *Psychiatry Around the Globe*. London: Gaskell.

MERSKEY, H. (1979) *The Analysis of Hysteria*. London: Ballière Tindall.

SWARAN P. SINGH
ALAN S. LEE

Department of Psychiatry
University Hospital
Queen's Medical Centre
Nottingham NG7 2UH

Anorexia nervosa and XY gonadal dysgenesis

SIR: We recently reported (McCluskey & Lacey, *Journal*, January 1992, **160**, 114–116) a case of anorexia nervosa in a woman with XY gonadal dysgenesis: the anorexia stemming not only from the biological and psychological confusion inherent in the dysgenesis but also from its investigation and treatment.

Dr Lee (*Journal*, May 1992, **160**, 713–714) makes an important diagnostic point about which we agree,

https://doi.org/10.1192/bjp.161.2.276a Published online by Cambridge University Press