tattoos are a stigma of borderline personality disorder, or indeed abuse, removal should be more readily available.

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Postage stamp test for sexual disorders

SIR: Sexual anxiety is commonly seen in India, presumably because of the value attached to semen in folklore. Symptoms may also be exacerbated by the lack of sexual education. For example, loss of semen is equated with loss of blood in Ayurveda, the indigenous system of medicine. Impotence also carries a grave connotation. Dhat, a syndrome characterised by undue concern about the debilitating effect of the passage of semen (ICD–10), is a frequent diagnosis in psychiatric and urological clinics in the Indian subcontinent. Koro, a related syndrome involving anxiety that the penis will retract into the abdomen and cause death, is seen in neighbouring countries.

Most hospitals in developing countries do not possess instrumentation to assess nocturnal penile tumescence. This is required in order to rule out organic causes for the loss of erection. It is also useful for reassuring patients. In this context, we became aware of the 'postage stamp test' through 'word of mouth'. We now routinely use this test in our clinic to document nocturnal penile tumescence.

Following preliminary assessments, we explain to patients with erectile or ejaculatory problems that nocturnal erections provide strong evidence for potency. Each patient is asked to paste two postage stamps on his penis before going to bed. Patients are asked to repeat this procedure for four consecutive nights. Breakage or removal of the stamps on awakening is taken as suggestive evidence for nocturnal erection.

The postage stamp test has proved invaluable for reassuring our patients. We also use it as a guide in our investigations. In a recent survey, 69 patients presenting with 'dhat' were asked to take the test. All but six scored positively. Further investigations to identify possible organic aetiological factors were carried out on the patients who scored negatively on the test. All patients received relaxation or behaviour therapy (Jacobson, 1938; Annon, 1976). Patients who scored positively on the postage stamp test experienced modest to total improvement, while the patients with negative scores had uniformly discouraging results. This test is simple, inexpensive, and merits more extensive application. We would appreciate correspondence from other professionals who have used it.

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Gastric emptying and bloating in anorexia nervosa

SIR: The double-blind study of Stacher *et al* (*Journal*, March 1993, **162**, 398–402) showed that cisapride, a gastro-prokinetic drug, accelerated gastric emptying, diminished gastric bloating/pain and led to short-term weight gain in 12 Austrian patients with primary anorexia nervosa. This finding may be particularly germane to anorexia nervosa examined from a historical and cross-cultural perspective.

An increasing number of historical studies have shown that early-onset anorexic women rarely used the fear of fatness as a reason for food refusal. Instead, they commonly exhibited gastric grievances and were given such labels as 'apepsia hysterica', 'bradypepsia', 'anorexia atonica', 'nervous dyspepsia', 'dyspeptic neurasthenia', 'hyperaesthesias of the stomach', or simply 'visceral neurosis' (Parry-Jones, 1991; Shorter, 1987). It was not until about 1960 that the now characteristic fear of fatness appeared regularly as a predominant motive for self-imposed starvation in scientific writings on anorexia nervosa (Casper, 1983). This probably reflected a cultural awareness of weight-control problems in the 1940s following the Depression years, generated by increasing affluence and availability of food, which together propelled the fear of fatness into the foreground as an explanation for women's intentional maintenance of a low body weight. At the same time, interest in gastric symptoms among anorexic patients has waned, even though delayed gastric emptying produces exaggerated stomach fullness, satiety,

undereating, and is a physiological perpetuating factor of anorexia nervosa (Robinson, *Journal*, March 1989, **154**, 400–405). In the study of Stacher *et al* where gastric symptoms were specifically measured, it is noteworthy that all the anorexic patients showed varying degrees of gastric fullness, pain, belching, and bloating.

In those Asian cultures where a permeative cultural fear of fatness is inconspicuous, stomach affliction may be a more admissible means of adopting the sick role and negotiating change in interpersonal worlds than complaints of fatness or depression. Among Hong Kong Chinese, we see a phenomenological mixture of anorexic patients, some of whom used epigastric bloating and/or pain rather than the fear of fatness to legitimate food refusal and emaciation (Lee, 1991). Delayed gastric emptying may conceivably contribute to their culturally amplified gastric complaint, which should not be presumed to be a purely psychological defense. Stacher *et al* have shown that the enhancement of gastric emptying may be therapeutically useful, and perhaps more meaningful than confronting anorexic patients about their body image distortion. If the finding can be substantiated in the long-term treatment of a larger group of anorexic patients, the implications for the often difficult treatment of both Western and non-Western anorexic patients may be considerable.

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Blood-letting in bulimia nervosa

SIR: Parkin & Eagles (*Journal*, February 1993, **162**, 246–248) reported three cases of blood-letting in association with bulimia nervosa, and noted this association had not previously been described. We would like to report a similar case.

Case report. Our patient, in her 20s, described an uneventful early childhood but recalled lifelong difficulty socialising, associated with lack of self-confidence. She did well academically at university, but had a limited social life with no sexual relationships. She had a period of in-patient treatment eight years ago for anorexia nervosa and was treated as an out-patient two years ago following episodes of self-mutilation. There was a positive family history, her younger sister having been treated for anorexia nervosa and trichotillomania.

She was referred, on this occasion, because of episodes of self-mutilation, blood-letting, bingeing, and depressed mood. She described cutting herself, after which she sutured the wound without anaesthetic. On one occasion she sutured a self-inflicted cut on her leg while engaged in a telephone conversation. She also described two episodes of performing venisection on herself. On each occasion she withdrew approximately a pint and a half of blood which she then poured down the sink. She described excessive intake of alcohol of 60 units per week, and depressive symptoms which met DSM – III – R criteria for dysthymic disorder. She had previously met DSM – III – R criteria for bulimia nervosa, although she currently did not. She weighed 57.2 kg and her height was 1.7 m.

She was on fluoxetine, 20 mg daily, and this was increased to 60 mg daily. She was also referred to a Day Hospital Group for assertiveness training. Less than one month later she required admission to the general hospital having venisected herself again. Her haemoglobin was 4.6 g/l and she required a blood transfusion.

Three months after presentation she was euthymic, she had returned to work, and she felt no desire to cut or venisect herself. Her eating pattern was normal and she had successfully completed assertiveness training. She remained on fluoxetine, 60 mg daily. She reported that she had not obtained any relief from cutting or venisecting. Her cutting had started two years earlier and although initially this relieved tension, it no longer did. She was unable to identify any urge to venisect, and after venisecting she described feeling 'numb'. The venisection had not been accompanied by any suicidal intent or performed in the hope of weight loss.

There are a number of similarities between this case and the three previously described. Our patient is a veterinary surgeon with access to instruments, and has knowledge of blood-letting. She had previously engaged in acts of self-harm, and in the past had met DSM – III – R criteria for bulimia nervosa. However, a notable difference is the fact that this patient does not derive any apparent psychological benefit from blood-letting and was 'mystified' as to why she did it.

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Abuse of the nasogastric tube in patients with eating disorders

SIR: The case reports by Parkin & Eagles (*Journal*, February 1993, **162**, 246–248) describing blood-letting in bulimia nervosa highlight the self-abusive