

## Correspondence

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### CREACTIVE PROTEIN IN MENTAL ILLNESS

DEAR SIR,

Hood (1977) showed that in patients with high erythrocyte sedimentation rate (ESR), C reactive protein (CRP) may have altered electrophoretic mobility due to binding to the protein of lysozyme, which is concomitantly raised. We wish to draw attention to a similar phenomenon, possibly due to a different cause, in some psychiatric patients with normal levels of ESR and CRP.

For immunoelectrophoresis of CRP we use 1 per cent agarose of low electroendosmosis and a buffer (pH 8.8) containing 1.3 g barbital sodium, 0.207 g barbital, 5.62 g glycine and 4.52 g tris (hydroxymethyl methylamine) all dissolved in one litre. Mono-specific antiserum against CRP was supplied by Difco. Under these conditions CRP in healthy blood bank donors is negatively charged and migrates to the cathode. 'Anomalous' CRP is positively charged and migrates towards the anode. The distribution of the anomaly is striking: in schizophrenia we found anomalous CRP in 49 out of 61 patients tested, in depression five out of 30, in mania four out of eight, and in 100 blood bank donors used as controls not one had the anomalous protein. No correlations between anomalous CRP and age, sex or drug treatment were observed.

Our attempt to find a cause for anomalous charge in these patients was unsuccessful. 'Abnormal' CRP was precipitated by specific antiserum and the immune precipitate was dissolved in 8M urea containing 2 per cent sodium dodecyl sulphate. The dissolved polypeptides were resolved according to molecular weight by polyacrylamide gel electrophoresis. A comparison with a similar preparation from 'normal' CRP did not reveal any additional or missing polypeptide.

Y. H. ABDULLA

*Department of Pathology,  
Guy's Medical School,  
London SE1 9RT*

K. HAMADAH

*Tooting Bec Hospital,  
London SW17 8BL*

### Reference

HOOD, W. (1977) Causes of multiple abnormal bands in serum protein electrophoresis. *Clinical Chemistry*, **23**, 1192.

### HYSTERIA: A LARGE SERIES IN IRAQ

DEAR SIR,

We have studied 268 consecutive patients attending casualty departments in the last four years and diagnosed as suffering from hysteria. We usually treated the patients to remove the symptom if possible, using mainly brief electrical stimulation to the limbs, one ECT, intravenous injections of diazepam 10 mg, counselling and sometimes admission to hospital to alter aggravating environmental factors.

There were 71 per cent females. The age range was eight to 60 years, most of the patients (89 per cent) being in the second and third decades of life. One hundred and twenty-eight were married, 136 single and five divorced. Thirty-two per cent were illiterate, 68 per cent literate. Half the patients (126) were attending the casualty department for the first time with hysteria. The total number of symptoms (some patients had more than one symptom) were: dissociative in 114 patients, motor 68, sensory 48, speech 16, aerophagy, hiccough and hyperventilation 79, agitation and pseudopsychosis 20.

Cultural forces clearly affect the frequency and the manifestation of hysteria. In this country as in other Arabic Islamic cultures, families are of an extended pattern with strong cohesion, dependency, and closeness. Many generations live in the same house where the grandfather is the head. Children are over-indulged with much attention and sympathy. Traditionally, women are in less privileged positions than men, and they must eschew all contact with men except for their husband, who is the first man in their life. This tradition still covers the greater section of the community especially in rural areas although it has little force in modern terms.

In such a milieu, it is to be expected that people will mature late, after a long immature period. Accordingly, many will play on the privileges of childhood in facing the difficulties of life, and this will be seen especially in women. Playing the sick role will bring with it more sympathy and immediate reward than any direct claim for attention, and the symptoms will often be dramatic and frightening.

We suspect that in Western countries with nuclear families and greater independence, vulnerable people do not so often respond to stress by dramatic hysteria, but with depression, attempted suicide, alcoholism and drug abuse.